

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF TEXAS

Case number (if known)

Chapter

7☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Providence Hospital of North Houston LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 47-4458944

4. Debtor's address

Principal place of business

16750 Red Oak Dr.
Houston, TX 77090

Number, Street, City, State & ZIP Code

Harris

County

Mailing address, if different from principal place of business

5037B FM 2920 Rd.
Spring, TX 77388

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor **Providence Hospital of North Houston LLC**
Name

Case number (if known)

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☒ Chapter 7
- ☐ Chapter 9
- ☐ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Providence Hospital of North Houston LLC**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☐ 1-49☐ 50-99☐ 100-199☒ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor Providence Hospital of North Houston LLC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 21, 2020

MM / DD / YYYY

X /s/ Huong Le Nguyen

Signature of authorized representative of debtor

Huong Le Nguyen

Printed name

Title Managing Member**18. Signature of attorney****X /s/ Ronald J. Sommers**

Signature of attorney for debtor

Date August 21, 2020

MM / DD / YYYY

Ronald J. Sommers 18842500

Printed name

Nathan Sommers Jacobs, A Professional Corporation

Firm name

2800 Post Oak Blvd., 61st Floor**Houston, TX 77056**

Number, Street, City, State & ZIP Code

Contact phone 713-960-0303

Email address _____

18842500 TX

Bar number and State

Fill in this information to identify the case:Debtor name **Providence Hospital of North Houston LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 21, 2020**X /s/ **Huong Le Nguyen**

Signature of individual signing on behalf of debtor

Huong Le Nguyen

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Providence Hospital of North Houston LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 1,071,658.18
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 1,071,658.18

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 13,485,906.64
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 10,020,840.37
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 23,506,747.01

Fill in this information to identify the case:Debtor name **Providence Hospital of North Houston LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

Independent Financial formerly
3.1. Independent Bank

Checking**8405****\$18,120.18****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$18,120.18**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable**SEE ATTACHED EXHIBIT A/B #11b**

11b. Over 90 days old:

face amount

-

doubtful or uncollectible accounts

0.00 =...**\$1,053,538.00**

Debtor Providence Hospital of North Houston LLC
Name

Case number (If known) _____

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,053,538.00**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software SEE ATTACHED EXHIBIT A/B #41 (SUBJECT TO UMMC MOU AND BILL OF SALE)			

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

EXHIBIT A/B #11b

AR

**Providence Hospital of North Houston, LLC
Accounts Receivable****11b. Over 90 days old**

What	Face Amount	Doubtful or Uncollectible Accounts	Net Value	Comment
Patient Accounts Receivable	10,116,208	Unknown	Unknown	
Receivable from UMMC	1,053,538	0	1,053,538	See tab UMMC for details
Other receivables:				
SE Texas ER & Hospital (Formerly ICON)	865,841	865,841	0	PHNH provided lab and management services and lab supplies
Progressive Women's Health	5,500	5,500	0	Inv was for a box of 5 - Genesis HTA kit Part number M0068580210
Townsen Memorial Hospital	4,068	4,068	0	Lap tray set
				Biopsy procedure supplies; there is a liability for \$154.39 as they paid another invoice twice. If invoice owed is offset with the duplicate payment made by Liberty Dayton, then
Liberty Dayton Regional	46	46	0	PHNH would owe Liberty Dayton.

EXHIBIT A/B #11b

UMMC

UMMC Receivable Detail

Date	Amount	Description
09/01/19	500,000.00	Last payment from sale of business
09/20/19	82,467.27	Loan payment on Independent Bank Loan ending in 0541
09/23/19	44,455.03	Loan payment on Independent Bank Loan ending in 4023
10/20/19	82,467.27	Loan payment on Independent Bank Loan ending in 0541
10/23/19	44,455.03	Loan payment on Independent Bank Loan ending in 4023
11/20/19	82,467.27	Loan payment on Independent Bank Loan ending in 0541
11/26/19	44,455.03	Loan payment on Independent Bank Loan ending in 4023
12/20/19	82,467.27	Loan payment on Independent Bank Loan ending in 0541
12/23/19	44,455.03	Loan payment on Independent Bank Loan ending in 4023
01/31/20	31,020.19	UMMC portion of the BPP taxes paid in Jan 2020 for 2019
09/01/19	32.95	Omni Fire & Security – Service for 9/2019
09/01/19	1,649.13	Waste Management bill for service period 9/2019
09/01/19	2,871.65	Canon Lease payment for RadPro DR System Merry X-Ray for 9/2019
09/01/19	620.61	OWDT payment for website hosting and maintenance – 9/2019
09/24/19	1,658.12	Waste Management bill for service period 10/2019
09/30/19	1,200.00	Biomedical Waste Solutions bill for 9/2019
10/01/19	211.60	Shred-It payment for service dates 9/11/19
10/01/19	32.95	Omni Fire & Security – Service for 10/2019
10/03/19	2,213.43	Microsoft Office 365 E1 - Online Services - Billing Period: 09/03/2019 - 10/02/
10/06/19	620.61	OWDT payment for website hosting and maintenance – 10/2019
10/22/19	316.92	Shred-It payment for service dates 9/25/2019 and 10/9/2019
11/06/19	620.61	OWDT payment for website hosting and maintenance – 11/2019
11/22/19	316.92	Shred-It payment for service dates 10/23/19, 11/6/19 and 11/20/19
12/01/19	883.95	ADP Benefit adjustment for December 2019
11/06/19	620.61	OWDT payment for website hosting and maintenance – 12/2019
12/22/19	221.52	Shred-It payment for service dates 12/4/19 and 12/17/19
01/22/19	231.44	Shred-It payment for service dates 12/31/19 and 1/15/2020
02/01/20	505.61	ADP Benefit adjustment for Nov 2019

Total	<u><u>1,053,538.02</u></u>
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EXHIBIT A/B #41

Providence Hospital of North Houston
Schedule A/B #41

Office equipment, including all computer equipment and communication systems equipment and software (subject to UMMC MOU and Bill of Sale)

Description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Computer Equipment			
Hardware: POE Switches for Phones			
- Cisco SG-300-52 port switch (9)			
- Cisco SG300 28 port POE + Switch (1)			
- Cisco MVBSX1 Mini-Gbic (10)			
- Cisco Catalyst 4500-48 port POE modules (6)			
- Cisco Catalyst 4500 Supervisor (1)	11,046	E-Bay	4,887
Purchase to Texas Systems Group	15,312	Net book value	15,312
Optiplex 5000 Series - 20 5040 SFF, 5 - 5040 MT	7,692	E-Bay	6,000
Netgear Ready NAS, Seagate Iron Wolf, Cat 6 Network	1,572	Net book	1,572
Rack, OCUCOBOL	7,132	Net book	7,132
Software			
Digi Server Software	-	Net book value; software purchased in 2016	-
Amkai Office/Charts Software for Hospital	-	Net book value; software purchased in 2016	-
Network infrastructure, power & enviromental, software & warranty	-	Net book value; software purchased in 2016	-
MD Staff (Web) Cloud including E Priv & MD Query, with MD App and virtual Committee - creditialing software	-	Net book value; software purchased in 2016	-
Oppor Sr Network Architect; Engineering Services	-	Engineering services	-
Cloud infrastructure - Encrypted Cloud Infrastructure platform purposed for application.services execution, data storage and onsite/offsite data protection - 8 TB (April 2016 and 8 TB May 2016)	-	E-Bay	310
Oppr Infrastrucutre - IT Build Agreement - 50% of labor costs utilized up through May 1, 2016	-	Engineering services	-
Polycom VVX 201 Business Media Phone w/o Power Supply (2); Polycom VVX-310 6-Line Desktop Phones, Gigabit Ethernet w/HD Voice w/o power supply (80); Digium Switchvox Gold Subscriptions (285 - 1 year license); Implementation Training and Labor	-	Ebay	1,630
Wellsoft - 75% of implementation and license fees billable upon contract acceptance - Emergency Department Information System Wellsoft - contract signed 5/27/2016, 25% of implementation and license fees	-	Net book value; software purchased in 2016	-
Custom programming for a GoRev and Amkai Interface	-	Net book value; software purchased in 2016	-
Hospital Infrastructure IT build Agreement - labor invoice	-	Net book value; billing system GoRev no longer utilized	-
Dragon Dictation software	-	Net book value; labor to get infrasturcture up in 2016	-
	-	Ebay	30

EXHIBIT A/B #41**Providence Hospital of North Houston
Schedule A/B #41****Office equipment, including all computer equipment and communication systems equipment and software (subject to UMMC MOU and Bill of Sale)**

Wellsoft - As per terms of a proposal
date July 18, 2016, 25% of Software
license fee is billable upon

completion - Net book value; software purchased in 2016 -

Visualutions - Interfaces - custom
coded interfaces to softwares used
by business

- Net book value; software purchased in 2016 -

Powerscribe360/ Project
Management

- Net book value; software purchased in 2016 -

OWDT,LLC - Initial payment for web
design and development

- PHNH website is no longer operational. -

OWDT,LLC - final paymetn for web
design and development

- PHNH website is no longer operational. -

Nuance Communications, Inc.

Powerscribe 360, Interface Download

- Net book value; software purchased in 2017 -

VasoHealthcareIT - TOMO software -
software for mammo upgrade.

- Net book value; software purchased in 2017 -

VasoHealthcareIT - TOMO software -
software for mammo upgrade.

- Net book value; software purchased in 2017 -

Wellsoft's Emergency Department
Software, Facility Charge capture
Revision

- Net book value; software purchased in 2017 -

CompuGroup Medical US - PHNH
LabDaq Interface and Professional
Services

\$ 6,069.00 Net book value; software purchased in 2017

Debtor Providence Hospital of North Houston LLC
Name

Case number (If known) _____

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)**Valuation method used for current value****Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**
48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*
49. **Aircraft and accessories**
50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
SEE ATTACHED EXHIBIT A/B #50 (SUBJECT TO UMMC MOU AND BILL OF SALE)

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

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52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
- ☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Part 9: Real property54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.
- ☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes Fill in the information below.

Part 11: All other assets70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

EXHIBIT A/B #50

Providence Hospital of North Houston, LLC
Schedule of other machinery, fixtures and equipment

Description	Valuation method used for current value	Current value of debtor's interest
Equipment leases under Canon Financial		
RadPro DR System Merry X-Ray	Lease was assumed by UMMC	-
GE Precision 500D R/F Room (Block Imaging)	Lease was assumed by UMMC	-
Toshiba Infinix C-Arm	Lease was assumed by UMMC	-
Eaton-93PM/150kWUPS System N1 Critical Technologies	Lease was assumed by UMMC	-
TMS Therapy System	Lease was assumed by UMMC	-
Mark7-Arterion Bayer Injector	Lease was assumed by UMMC	-
Securview-RM-SVDX Hologic	Lease was assumed by UMMC	-
Canon CT Options	Lease was assumed by UMMC	-
Craneware Software	Lease was assumed by UMMC	-
GE HemoHemodynamic Combo Lab696-R3 and INW Server Up	Lease was assumed by UMMC	-
Omnicell Drug Dispenser	Lease was assumed by UMMC	-
Webster Vivid IQ Biosense	Lease was assumed by UMMC	-
Carto 3 System Biosense Webster	Lease was assumed by UMMC	-
UMS X-Ray System	Lease was assumed by UMMC	-
CIOS C Arm System	Lease was assumed by UMMC	-
CIOS C Arm System	Lease was assumed by UMMC	-
Siemens PET CT and Canon Vitrea	Lease was assumed by UMMC	-
MULTIGEN2-VENOM100MM -Stryker RF Ablation Machine	Lease was assumed by UMMC	-
Canon Aplio 500 Ultrasound	Lease was assumed by UMMC	-

Debtor Providence Hospital of North Houston LLC
Name

Case number (If known) _____

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

Gallagher Cyber Plus Policy #OC0525AAD619

Unknown

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

Claim for economic damages as a result of cyber attack in December 2019; loss covered by Gallagher Cyber Plus Policy

SEE ATTACHED EXHIBIT A/B #74

Unknown

Nature of claim _____

Amount requested _____

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

EXHIBIT A/B #74**Cyber Attack Summary**

On December 11, 2019, the PHNH IT system was hit by a ransomware attack. The IT system was located at the PHNH campus in the server room. The virus traveled through the entire IT system including the 1960 Family Practice clinics, business office, ER and multiple other entities since the virus went into the GE (PAC system). Additionally, the tmmsonline.net email system was also compromised and all emails have not been recovered. VasoHealthcare IT was supposed to have maintained our entire network (pharmacies/business office/billing office/clinics/radiology/satellite locations). Everything related to business was completely shut down.

Our cyber insurance policies allowed our insurance company to step in and the carrier paid the ransomware (\$800K plus) and also paid a recovery IT company (outside firm) to recover the damaged IT system. After the insurance investigation was complete, it was determined that one of the computers located at the nurse station (Kim Harrington, CNO of UMMC North) opened an unintended email and the virus spread to all the network systems located at Providence Hospital. UMMC was using our network system through a managed access and service agreement.

After several months, it was determined that only about 50% of the damaged software is recoverable. PHNH has not been able to send out claims and billing has been shut down 100%.

Economic damages have not been determined. The equipment, various IT equipment, and software is the collateral of Independent Bank.

We have provided to the carrier the monies that PHNH has paid as well as vendor invoices that the carrier should pay. PHNH does not have a functioning billing system.

See below a timeline on major events as they occurred as part of the remediation efforts to this ransomware attack. All major systems impacted including, but not limited to, GE Centricity, GE PACS, MedQ, Allscripts, Amkai, CPSI, Mail Server, entire network.

- **12/11/2019:** Ransomware attack happened at 2.00 AM early morning. IT received multiple calls about systems not functioning. Basic troubleshooting was done but the systems remained down. Morning 9.00 AM – IT determined that the systems were hacked.
- **12/12/2019:** Dr. Le contacted carrier. PHNH began working with counsel for insurance carrier and Tracepoint (Insurance IT). Tracepoint came onsite to evaluate the network.
- **12/12/2019:** FBI Cyber Crime Dept. was notified about the incident. FBI came on site to investigate on the attack.
- **3 Weeks post attack:** Tracepoint completed its investigation and sent findings to their headquarters in Washington DC.
- **01/21/2020:** Management contacted Visualutions to evaluate Centricity Application.
- **01/28/2020 – 01/29/2020:** Visualutions came onsite, declared the centricity Database and application files were corrupted beyond repair and need a re-implementation.
- **02/13/2020:** Investigation findings meeting with Tracepoint, Insurance and insurance attorneys. All the findings were mentioned on the call.

EXHIBIT A/B #74

- **02/27/2020:** Ontrack was contacted to Decrypt the data from the centricity Database. Ontrack sent a quote.
- **04/15/2020:** Carrier released payment to Ontrack for Centricity Data decryption.
- **04/20/2020:** Management contacted MedQ for troubleshooting the corrupt RIS system
- **04/20/2020:** Management contacted GE for troubleshooting the corrupt PACS system
- **04/28/2020:** Contacted Visualutions for Quotes on rebuilding Centricity application
- **05/01/2020:** Received Quote from MedQ. MedQ tried to troubleshoot the system for more than a week after they were contacted to determine if the existing system could be repaired. The system was not responsive and beyond repair. Decision was made to re-implement a new system.
- **05/05/2020:** Received the Decrypted data of Centricity Database from Ontrack
- **05/27/2020:** Received the Quote from GE. GE worked with the IT team for more than a month in troubleshooting the system, understanding the previous workflow and evaluating the current functionality. The system is beyond repair and GE sent a quote to fix the dead system. A part of GE (GE Archive) was acceptable and was not included in the quote.
- **During this Entire process IT has been working to rebuild all the systems that were affected with no patient data loss including all the computers (180) and servers (Active Directory, multiple File Servers, DNS&DHCP Servers, multiple Internal App Servers) and other networking equipment including Firewalls and switches .**

Debtor **Providence Hospital of North Houston LLC**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$18,120.18	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$1,053,538.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$1,071,658.18	\$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$1,071,658.18

Fill in this information to identify the case:Debtor name **Providence Hospital of North Houston LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Canon Financial Services, Inc. Creditor's Name 158 Gaither Dr Mount Laurel, NJ 08054 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien SEE ATTACHED EXHIBIT D-2.1- list of equipment; Assets in possession of UMMC Describe the lien Lease Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	\$3,754,640.00

2.2	Canon Medical Systems USA, inc. Creditor's Name 2441 Michelle Dr Tustin, CA 92780 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number 2008	Describe debtor's property that is subject to a lien Canon Aplio 500 Ultrasound Imaging System; in possession of Community ER, LLC Describe the lien Lease Agreement assumed by Community ER, LLC Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$35,000.00	\$35,783.00
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EXHIBIT D-2.1**Providence Hospital of North Houston****Comments:**

Canon Leases were to be assumed by various parties on 9/1/2019 as indicated below.

Debtor made payments on leases through 8/31/2019

In the UCC filings there are three CIOS Fusion Mobile C-Arm Systems listed. The third C-Arm (ref. 2.5) was never delivered.

See the original lease agreements with Canon attached. The schedules that in the agreements were provided by Canon.

Lease schedule for Canon Leases

Ref. on Schedule D	Lease #	Original Cost	Payment	Lease Start Date	Equipment Description	Serial Number	Term	End Date	Lease Assumed by:
Potentially 2.1 and/or 2.2	001-0765962-001	\$90,505.00	\$2,871.65	12/11/2017	RadPro DR System Merry X-Ray	NA	36 months	12/11/2020	UMMC
Potentially 2.1 and/or 2.2	001-0765962-002	\$185,000.00	\$5,985.89	12/11/2017	GE Precision 500D R/F Room (Block Imaging)	NA	36 months	12/11/2020	UMMC
2.15	001-0765962-003	\$762,909.00	\$15,624.44	2/1/2018	Toshiba Infinix C-Arm	A3A17Z2012	61 months	2/1/2023	UMMC
Potentially 2.1 and/or 2.2	001-0765962-004	\$61,280.00	\$1,241.38	2/20/2018	Eaton-93PM/150kWUPS System N1 Critical Technologies	NA	60 months	2/20/2023	UMMC
Potentially 2.1 and/or 2.2	001-0765962-005	\$71,650.00	\$1,454.11	3/2/2018	TMS Therapy System	39972	60 months	3/2/2023	UMMC
Potentially 2.1 and/or 2.2	001-0765962-006	\$25,025.00	\$508.47	3/13/2018	Mark7-Arterion Bayer Injector	202528	60 months	3/13/2023	UMMC
Potentially 2.1 and/or 2.2	001-0765962-007	\$48,000.00	\$984.87	3/23/2018	Securview-RM-SVDX Hologic	NA	61 months	3/23/2023	UMMC
2.2	001-0765962-008	\$53,840.00	\$1,118.22	3/29/2018	Canon Aplio 500 Ultrasound	W1F1495661	60 months	3/29/2023	Community ER
2.1	001-0765962-009	\$66,000.00	\$1,375.86	5/29/2018	Canon CT Options	NA	61 months	5/29/2023	UMMC
2.1	001-0765962-010	\$582,567.00	\$12,145.65	6/1/2018	Craneware Software	NA	61 months	6/1/2023	UMMC
2.1	001-0765962-011	\$243,680.60	\$5,027.92	6/5/2018	GE HemoHemodynamic Combo Lab696-R3 and INW Server Upgrade	NA	61 months	6/5/2023	UMMC
2.1	001-0765962-012	\$36,353.00	\$757.75	6/25/2018	Omniceil Drug Dispenser	NA	61 months	6/25/2023	UMMC
2.1	001-0765962-013	\$89,499.00	\$1,866.23	7/9/2018	Webster Vivid IQ Biosense	NA	61 months	7/9/2023	UMMC
2.1	001-0765962-014	\$346,200.00	\$7,218.52	7/30/2018	Carto 3 System Biosense Webster	NA	61 months	7/30/2023	UMMC
2.1	001-0765962-015	\$51,521.71	\$1,070.83	8/2/2018	UMS X-Ray System	NA	61 months	8/2/2023	SE Texas ER & Hospital
2.1	001-0765962-016	\$101,220.00	\$2,110.84	9/11/2018	CIOS C Arm System	NA	60 months	9/11/2023	UMMC
2.1	001-0765962-017	\$85,325.00	\$1,779.36	9/11/2018	CIOS C Arm System	NA	60 months	9/11/2023	UMMC
2.1	001-0765962-018	\$1,248,000.00	\$27,729.58	12/7/2018	Siemens PET CT and Canon Vitrea	MRP372950	60 months	12/7/2023	UMMC
2.1	001-0765962-019	\$49,170.00	\$1,030.86	2/28/2019	MULTIGEN2-VENOM100MM -Stryker RF Ablation Machine	MULTIPLE-See Below	61 months	3/28/2024	UMMC
2.1	001-0765962-020	\$75,601.80	\$1,459.84	3/29/2019	Canon Aplio 500 Ultrasound	NA	61 Months	4/29/2024	UMMC
detail of Lease# 001-0765962-019									
MULTIGEN2						1829520439			
VENOM100MM						104811			
VENOM100MM						104849			
VENOM100MM						104985			
VENOM100MM						104987			
VENOM100MM						104988			
VENOM100MM						104990			
VENOM100MM						104993			
VENOM100MM						104994			
VENOM150MM						102585			
VENOM150MM						102625			
VENOM150MM						102635			
VENOM150MM						102636			
MULTIGEN2						1711602623			
MONOPOLAR						NA			
MULTIGEN2						101438			
MULTIGEN2						101439			
MULTIGEN2						101514			
MULTIGEN2						101606			

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

Name

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Cardinal Health**

Creditor's Name

**7000 Cardinal Place
Dublin POH 43017**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number
3220****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**1. Independent Financial****Describe debtor's property that is subject to a lien****\$84,974.08****\$0.00****All business assets****Describe the lien****Assets in possession of UMMC****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 FM 1960 Medical Village II, LP**

Creditor's Name

**5037B FM 2920
Spring, TX 77388**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**1. Independent Financial****Describe debtor's property that is subject to a lien****\$559,770.20****\$0.00****Describe the lien****Is the creditor an insider or related party?**☐ No☒ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

2.5

**FM 1960 Medical Village II,
LP**

Creditor's Name

**5037B FM 2920
Spring, TX 77388**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☐ No☒ Yes. Specify each creditor,
including this creditor and its relative
priority.**1. Independent Financial**

Describe debtor's property that is subject to a lien

**A/R, business property, revenue or income or
collections in any other assets of the hospital****\$3,163,896.58****\$0.00**

Describe the lien

Loan Agreement for Original Buildout

Is the creditor an insider or related party?

☐ No☒ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

GenProbe Instruments

Creditor's Name

**10210 Genetic Center
San Diego, CA 92121**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☐ No☒ Yes. Specify each creditor,
including this creditor and its relative
priority.**1. Independent Financial**

Describe debtor's property that is subject to a lien

**Panther Instrument System Asset Number
549612****\$64,950.00****\$0.00**

Describe the lien

Asset in possession of UMMC

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7

**Highland Capital
Corporation**

Creditor's Name

**5 Center Ave
Little Falls, NJ 07424**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

Used Toshiba Prime 80 Slice CT**\$295,000.00****\$80,000.00**

Describe the lien

**Lease Agreement assumed by Community
ER, LLC**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

Name

Last 4 digits of account number

2791

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.8 Independent Financial**

Creditor's Name

**formerly Independent Bank
PO Box 3035
McKinney, TX 75070**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**All A/R, furniture, fixtures, equipment,
inventory, chattel paper, general intangibles****\$3,901,846.20****\$0.00**

Describe the lien

**Security Agreement; ASSETS IN POSSESSION
OF UMMC**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

0541

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**1. Cardinal Health**

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.9 Independent Financial**

Creditor's Name

**formerly Independent Bank
PO Box 3035
McKinney, TX 75070**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**All A/R, furniture, fixtures, equipment,
inventory, chattel paper, general intangibles****\$265,863.56****\$0.00**

Describe the lien

**Security Agreement; ASSETS IN POSSESSION
OF UMMC**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

4023

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.**1. Cardinal Health**

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.1
0 M2 Lease Funds, LLC**

Describe debtor's property that is subject to a lien

\$35,115.10**\$0.00**

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

Name

Creditor's Name

**175 N. Patrick Blvd., Ste
140
Brookfield, WI 53045**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number
0307****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.**NeuroStar TMS System 2.0; Item No.
81-61000-000X
ASSET IN POSSESSION OF UMMC**

Describe the lien

Lease Agreement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
1**Ortho-Clinical Diagnostics,
Inc.**

Creditor's Name

**1001 US Highway 202
Raritan, NJ 08869**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number
5294****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

**VITROS 5600Integrated System J#56002726;
Serial #56002726
ASSET SOLD TO UMMC****\$26,988.28****\$0.00**

Describe the lien

**Service Agreement; ASSETS IN POSSESSION
OF UMMC**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
2**Providence ER of
Northwest, PLLC**

Creditor's Name

**5037-B FM 2920
Spring, TX 77388**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number**

Describe debtor's property that is subject to a lien

**A/R, business property, revenue or income or
collecitons in any other assets of the hospital****\$1,681,926.85****\$0.00**

Describe the lien

Line of Credit Agreement

Is the creditor an insider or related party?

☐ No☒ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

Name

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

- Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.1
3**Rad Leasing Company II LP**

Creditor's Name

**5037 B FM 2920
Spring, TX 77388**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**3.0 Mako Rio Robotic Arm Standard System
ASSET IN POSSESSION OF UMMC****\$991,094.72****\$0.00**

Describe the lien

Leased Equipment

Is the creditor an insider or related party?

- ☐ No
- ☒ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.1
4**Texas Radiology
Associates, P.A.**

Creditor's Name

**5037B FM 2920
Spring, TX 77388**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**06/01/19****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Titan High Yield MRI, Aquillion Prime CT
Scan, Toshiba Radiology System, Toshiba
Aplio Ultrasound, Toshiba Aquillion CT
Scanner, Toshiba Aplio Transesophageal****\$1,628,959.68****\$874,469.31**

Describe the lien

**Leased Equipment; ASSETS IN POSSESSION
OF UMMC**

Is the creditor an insider or related party?

- ☐ No
- ☒ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

- Check all that apply
- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

2.1
5**Toshiba Medical Systems**

Describe debtor's property that is subject to a lien

Unknown**Unknown**

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

Name

Creditor's Name

**2441 Michelle Dr
Tustin, CA 92780**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number
2003****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.**Toshiba Infinix Elite Cardiovascular 5-Axis
C-Arm Floor-mounted System complete with
all attachments and accessories
*Part of Canon Financial Services Master
Lease; See 2.1****Describe the lien****Lease Agreement; ASSETS IN POSSESSION
OF UMMC****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
6**VasoHealthcare IT Corp.**

Creditor's Name

**4710 Eisenhower Blvd.
Tampa, FL 33634**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an
interest in the same property?**☒ No☐ Yes. Specify each creditor,
including this creditor and its relative
priority.**Describe debtor's property that is subject to a lien****IT Server Equipment****\$722,730.73****\$48,824.37****Describe the lien****Service Agreement****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
7**Zimmer US, Inc.**

Creditor's Name

**200 West Ohio Ave
Dover, OH 44622**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Describe debtor's property that is subject to a lien****3-ATS 4000
ASSET IN POSSESSION OF UMMC****\$27,790.66****\$0.00****Describe the lien****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

Name

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

4946

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**1. Independent Financial**

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$13,485,906.
64**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Canon Financial Services, Inc.
c/o Padfield & Stout, LLP
1136 N. Kirkwood Rd
Houston, TX 77043Line 2.1Canon Medical Systems USA, inc.
c/o Padfield & Stout, LLP
1136 N. Kirkwood Rd
Houston, TX 77043Line 2.2M2 Lease Funds, LLC
c/o Davis Kuelthau, S.C.
11 E. Kilbourn Ave., Ste 1400
Milwaukee, WI 53202Line 2.10Toshiba Medical Systems
c/o Padfield & Stout
1136 N. Kirkwood Rd
Houston, TX 77043Line 2.15

Fill in this information to identify the case:Debtor name **Providence Hospital of North Houston LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 1960 Physician Associates 837 FM Cypress Creek Ste 105 Houston, TX 77090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$603,610.37
3.2	Nonpriority creditor's name and mailing address AADCO Medical, Inc. PO Box 410 Randolph, VT 05060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,956.05
3.3	Nonpriority creditor's name and mailing address Abbott Laboratories 22400 Network Place Chicago, IL 60673-1224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$22,738.15
3.4	Nonpriority creditor's name and mailing address Abbott Vascular 75 Remittance Dr Ste 1138 Chicago, IL 60675-1138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$1,595.00

Debtor Name	Case number (if known)
Providence Hospital of North Houston LLC	
3.5 Nonpriority creditor's name and mailing address Ability Network, Inc. PO Box 856015 Minneapolis, MN 55485-6015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,327.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address Accountable Healthcare Staffing, Inc. c/o Jon Totz Totz Ellison & Totz, P.C. 2211 Norfolk, Suite 510 Houston, TX 77098 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address Acumed LLC 7995 Collection Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$46,670.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8 Nonpriority creditor's name and mailing address Aesculap Implant Systems, LLC PO Box 780391 Philadelphia, PA 19178-0391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,348.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9 Nonpriority creditor's name and mailing address Aetna, Inc. PO Box 784836 Philadelphia, PA 19178-4836 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$130,465.06 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address AFLAC 1932 Wynnton Rd Columbus, GA 31999 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,779.72 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11 Nonpriority creditor's name and mailing address Allergan USA, Inc. 12975 Collections Center Dr Chicago, IL 60693-0129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$32,784.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.12	Nonpriority creditor's name and mailing address Allergan USA, Inc. 12975 Collections Center Dr Chicago, IL 60693-0129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$44,329.14
3.13	Nonpriority creditor's name and mailing address Allosource PO Box 801020 Kansas City, MO 64180-1020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,305.00
3.14	Nonpriority creditor's name and mailing address Amazon Capital Services PO Box 035184 Seattle, WA 98124-5184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,013.80
3.15	Nonpriority creditor's name and mailing address AMB Services, Inc. 22203 N Lake Village Dr Katy, TX 77450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,894.81
3.16	Nonpriority creditor's name and mailing address Ambiorix, LLC PO Box 620 Toledo, OH 43697 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
3.17	Nonpriority creditor's name and mailing address American College of Radiology 1891 Preston White Dr Reston, VA 20191 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,260.00
3.18	Nonpriority creditor's name and mailing address American Elevator Inspections PO Box 2709 Baytown, TX 77522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.00

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3.19	Nonpriority creditor's name and mailing address American Proficiency Institute Department 9526 PO Box 30516 Lansing, MI 48909-8016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99.33
3.20	Nonpriority creditor's name and mailing address American Surgical Development 19820 N 7th Ave, Ste 230 Phoenix, AZ 85027 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.25
3.21	Nonpriority creditor's name and mailing address AmkaiSolutions 555 NorthPoint Center East Ste 300 Alpharetta, GA 30022 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,344.66
3.22	Nonpriority creditor's name and mailing address Angiodynamics, Inc. PO Box 1549 Albany, NY 12201-1549 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$795.95
3.23	Nonpriority creditor's name and mailing address Applied Statistics & Management, Inc. PO Box 2738 Temecula, CA 92593 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.24	Nonpriority creditor's name and mailing address Aquarium Creations 16753 Donwick Dr Ste C7-C8 Conroe, TX 77385 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,369.35
3.25	Nonpriority creditor's name and mailing address ArbiMed Inc. 6229 Theall Rd Ste C Houston, TX 77066 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$974.28

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3.26	Nonpriority creditor's name and mailing address Arrow International, Inc. PO Box 60519 Charlotte, NC 28260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,981.98
3.27	Nonpriority creditor's name and mailing address Arthrex, Inc. PO Box 403511 Atlanta, GA 30384-3511 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,684.62
3.28	Nonpriority creditor's name and mailing address Asahi Intec USA, Inc. 3002 Dow Ave., Ste 212 Tustin, CA 92780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,464.00
3.29	Nonpriority creditor's name and mailing address Ascend National LLC 5380 W 34th St #288 Houston, TX 77092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,342.04
3.30	Nonpriority creditor's name and mailing address Authorized Inspection Assoc. 14531 FM 529 Ste 135 Houston, TX 77095 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$742.00
3.31	Nonpriority creditor's name and mailing address Avanos Medical Sales, LLC PO Box 732583 Dallas, TX 75373-2583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,857.05
3.32	Nonpriority creditor's name and mailing address Avant Solutions 29015 Japonica San Antonio, TX 78260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,350.00

Debtor	Providence Hospital of North Houston LLC Name	Case number (if known) _____
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3.33	Nonpriority creditor's name and mailing address Axis Neuromonitoring, LLC c/o William J. Garrison Garrison P.C. 4514 Cole Ave., Suite 600 Dallas, TX 75205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.34	Nonpriority creditor's name and mailing address BBC Biochemical PO Box 1320 Mount Vernon, WA 98273 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.63
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3.35	Nonpriority creditor's name and mailing address BeaconMedaes Dept. 3234 (Lockbox) PO Box 123234 Dallas, TX 75312-3234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,207.37
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3.36	Nonpriority creditor's name and mailing address Behavioral Health Connections Attn: Accounting 6500 Hornwood Dr Houston, TX 77074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$280.00
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3.37	Nonpriority creditor's name and mailing address Bell Medical, Inc. PO Box 771470 Saint Louis, MO 63177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,639.87
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3.38	Nonpriority creditor's name and mailing address Best Choice Anesthesia and Pain Services 7010 Chapions Placa Dr #300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,860.00
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3.39	Nonpriority creditor's name and mailing address BKD LLP 510 N Valley Mills Dr Ste 200 Waco, TX 76710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,786.19
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3.40	Nonpriority creditor's name and mailing address Boston Scientific Corporation PO Box 205651 Dallas, TX 75320-5651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,803.67
3.41	Nonpriority creditor's name and mailing address Bracco Diagnostics, Inc. PO Box 978952 Dallas, TX 75397-8952 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,981.23
3.42	Nonpriority creditor's name and mailing address Buckeye Cleaning Center 16420 W Hardy Rd Ste 150 Houston, TX 77060-6243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,091.24
3.43	Nonpriority creditor's name and mailing address C.R. Bard Inc. PO Box 75767 Charlotte, NC 28275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,469.41
3.44	Nonpriority creditor's name and mailing address Campos, Jose 3913 Mossy Oaks Rd E Spring, TX 77389 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,043.78
3.45	Nonpriority creditor's name and mailing address Canon Financial Services, Inc. 1000 Howard Blvd., Ste 103 Mount Laurel, NJ 08054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$467.48
3.46	Nonpriority creditor's name and mailing address Canon Medical Systems USA, Inc. PO Box 775220 Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,312.54

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3.47	Nonpriority creditor's name and mailing address Canon Medical Systems USA, Inc. PO Box 775220 Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$118,814.96
3.48	Nonpriority creditor's name and mailing address Canon Medical Systems USA, Inc. PO Box 775220 Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,917.42
3.49	Nonpriority creditor's name and mailing address Canon Medical Systems USA, Inc. PO Box 775220 Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,633.43
3.50	Nonpriority creditor's name and mailing address Canon Medical Systems US, Inc. PO Box 775220 Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$604.39
3.51	Nonpriority creditor's name and mailing address Cardinal Health c/o Bank of America Lockbox 5303 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,265.01
3.52	Nonpriority creditor's name and mailing address Cardinal Health Medical Products & Svcs PO Box 730112 Dallas, TX 75373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84,974.08
3.53	Nonpriority creditor's name and mailing address Cardiovascular Systems, Inc. Dept. CH 19348 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,722.05

Debtor	Providence Hospital of North Houston LLC Name	Case number (if known) _____
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3.54	Nonpriority creditor's name and mailing address Cerner Corporation PO Box 959156 Saint Louis, MO 63195-9156 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425,599.40
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3.55	Nonpriority creditor's name and mailing address Change Healthcare, LLC 3055 Lebanon Pike Nashville, TN 37214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,620.08
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3.56	Nonpriority creditor's name and mailing address Checkpoint Surgical 22901 Millcreek Blvd, Ste 360 Beachwood, OH 44122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$495.00
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3.57	Nonpriority creditor's name and mailing address COLA 9881 Broken Land Pkwy Ste 200 Columbia, MD 21046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,171.00
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3.58	Nonpriority creditor's name and mailing address College of American Pathologists PO Box 71698 Chicago, IL 60694-1698 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,820.81
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3.59	Nonpriority creditor's name and mailing address CompuGroup Medical US 10065 Red Run Blvd Ste 150 Owings Mills, MD 21117-5566 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,679.12
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3.60	Nonpriority creditor's name and mailing address Cook Medical 22988 Network Place Chicago, IL 60673-1229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,037.66
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3.61	Nonpriority creditor's name and mailing address Cooper Surgical, Inc. PO Box 712280 Cincinnati, OH 45271-2280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.90
3.62	Nonpriority creditor's name and mailing address CPSI PO Box 850309 Mobile, AL 36685-0309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197,267.18
3.63	Nonpriority creditor's name and mailing address Craneware, Inc. po Box 934241 Atlanta, GA 31193-4241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$620,405.19
3.64	Nonpriority creditor's name and mailing address DCIDS Tissue Bank 1600 Hayes St Ste 300 Nashville, TN 37203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$578.00
3.65	Nonpriority creditor's name and mailing address DePuySynthes 1302 Wrights Lane East West Chester, PA 19380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,232.13
3.66	Nonpriority creditor's name and mailing address Discount Print 10730 Barker Cypress Rd Ste C Cypress, TX 77433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$389.70
3.67	Nonpriority creditor's name and mailing address Diversatek Healthcare, Inc. 27270 Network Place Chicago, IL 60630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,277.12

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3.68	Nonpriority creditor's name and mailing address DJO Surgical PO Box 660125 Dallas, TX 75266 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,203.77
3.69	Nonpriority creditor's name and mailing address Dozier, Jeremy 17811 N Ble Heron Cir Montgomery, TX 77316 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.70	Nonpriority creditor's name and mailing address Echo Communications, Inc. 12703 Veterans Memorial Dr Ste 200 Houston, TX 77014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$844.32
3.71	Nonpriority creditor's name and mailing address Enhanced Revenue Solutions LLC 25700 I45 North Ste 120 Spring, TX 77386 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$229,648.20
3.72	Nonpriority creditor's name and mailing address Enterprise Laboratory Consultation, LLC 3157 Shoreline Dr Burleson, TX 76028-8312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,455.00
3.73	Nonpriority creditor's name and mailing address eVisit 1201 S. Alma School Rd, Ste 15500 Mesa, AZ 85210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.74	Nonpriority creditor's name and mailing address Experian Health, Inc. c/o Experian PO Box 886133 Los Angeles, CA 90088-6133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$157,046.22

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3.75	Nonpriority creditor's name and mailing address FedEx Freight Dept. Ch PO Box 10306 Palatine, IL 60055-0306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$129.00
3.76	Nonpriority creditor's name and mailing address Fidia Pharma USA PO Box 10341 Uniondale, NY 11555-1034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,080.00
3.77	Nonpriority creditor's name and mailing address Filter Technology 9018-B Sranton Houston, TX 77075 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,434.42
3.78	Nonpriority creditor's name and mailing address Fire Safe Protection Services, LP PO Box 1759, Dept 620 Houston, TX 77251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,224.64
3.79	Nonpriority creditor's name and mailing address Fisher & Phillips LLP 1075 Peach Tree St NE Ste 3500 Atlanta, GA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,062.00
3.80	Nonpriority creditor's name and mailing address Fisher Healthcare Acct #075180-001 PO Box 404705 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$518.25
3.81	Nonpriority creditor's name and mailing address FM 1960 Medical Village II LP 20320 Northwest Frwy, Ste 900 Houston, TX 77065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.01

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3.82	Nonpriority creditor's name and mailing address Fortis Surgical Solutions, LLC 7219 Emerald Glen Dr Sugar Land, TX 77479 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$640,750.00
3.83	Nonpriority creditor's name and mailing address FP Mailing Solutions 140 N Mitchell Ct Ste 200 Addison, IL 60101-5624 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.02
3.84	Nonpriority creditor's name and mailing address Fresenius Medical Care Houston Acutes North 16343 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,894.69
3.85	Nonpriority creditor's name and mailing address Gary E. Patterson, PC PO Box 52159 Houston, TX 77052 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$362.50
3.86	Nonpriority creditor's name and mailing address GCS Backflow Services, Inc. 8524 Highway 6 North #274 Houston, TX 77095 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$663.00
3.87	Nonpriority creditor's name and mailing address GE Healthcare PO Box 640200 Pittsburgh, PA 15264-0200 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,422.59
3.88	Nonpriority creditor's name and mailing address Genzyme Corporation 62665 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,066.58

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3.89	Nonpriority creditor's name and mailing address Getinge USA Sales, LLC PO Box 775436 Chicago, IL 60677-5436 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,929.12
3.90	Nonpriority creditor's name and mailing address GI Supply, Inc. PO Box 45730 Baltimore, MD 21297-5730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$399.49
3.91	Nonpriority creditor's name and mailing address Globonics LLC 337 Garden Oaks Blvd #64830 Houston, TX 77018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,025.66
3.92	Nonpriority creditor's name and mailing address Gold Standard Diagnostics Corp. PO Box 11407 Dept #5907 Birmingham, AL 35202-1407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,365.82
3.93	Nonpriority creditor's name and mailing address Grainger Dept 886535853 PO Box 419267 Kansas City, MO 64141-6267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$637.40
3.94	Nonpriority creditor's name and mailing address Guardian Safe & Lock 28155 Tomball Pkwy, Ste 6B Tomball, TX 77375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$649.50
3.95	Nonpriority creditor's name and mailing address Gulf Coast Regional Blood Center Attn: Elaine Gumabong 1400 La Concordia Houston, TX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,749.50

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3.96	Nonpriority creditor's name and mailing address Harris County Clerk 201 Caroline St, 4th Fl Room 460 Houston, TX 77002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48.00
3.97	Nonpriority creditor's name and mailing address HDP Investments, Inc. 921 Cypress Creek Pkwy, Ste 122 Houston, TX 77090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.04
3.98	Nonpriority creditor's name and mailing address HealthStream, Inc. PO Box 102817 Atlanta, GA 30368-2817 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,685.86
3.99	Nonpriority creditor's name and mailing address Healthtronics Mobile Solutions PO Box 95333 Grapevine, TX 76099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,841.26
3.100	Nonpriority creditor's name and mailing address Henry Schein, Inc. Dept CH 10241 Palatine, IL 60055-0241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$386,299.80
3.101	Nonpriority creditor's name and mailing address Henry Schein, Inc. Dept CH 10241 Palatine, IL 60055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,368.65
3.102	Nonpriority creditor's name and mailing address Houston Endoscopic Solutions 220 Barren Springs Dr. #14 Houston, TX 77090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,456.42

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3.103	Nonpriority creditor's name and mailing address Hunter Pharmacy Services PO Box 30573 Austin, TX 78755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,702.50
3.104	Nonpriority creditor's name and mailing address iMedical, inc. 1153 SE Century Dr Lees Summit, MO 64081 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,551.10
3.105	Nonpriority creditor's name and mailing address Innovative Office Machine Repair 17422 Edenway Dr #100 Spring, TX 77379 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,208.44
3.106	Nonpriority creditor's name and mailing address Integra Lifesciences PO Box 404129 Atlanta, GA 30384-4129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,066.39
3.107	Nonpriority creditor's name and mailing address Invivo Corporation PO Box 100355 Atlanta, GA 30384-0355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,850.75
3.108	Nonpriority creditor's name and mailing address iRCODER 3355 Lenox Rd Ste 242 Atlanta, GA 30326-1332 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,270.21
3.109	Nonpriority creditor's name and mailing address J&J Healthcare Systems, Inc. PO Box 406663 Atlanta, GA 30384-6663 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,180.28

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3.110	Nonpriority creditor's name and mailing address Jason's Deli PO Box 4869 Dept 271 Houston, TX 77210-4869 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,573.66
3.111	Nonpriority creditor's name and mailing address Joint Restoration Foundation PO Box 845549 Kansas City, MO 64184-3549 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,520.00
3.112	Nonpriority creditor's name and mailing address Kentech, Inc. PO Box 3022 Humble, TX 77347 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$712.50
3.113	Nonpriority creditor's name and mailing address Key Surgical, Inc. Attn: Accounts Receivable PO Box 74809 Chicago, IL 60690-7211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$828.01
3.114	Nonpriority creditor's name and mailing address Label Arts, LLC dba Labelmart PO Box 775218 Chicago, IL 60677 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$485.57
3.115	Nonpriority creditor's name and mailing address Language Line Services, Inc. PO Box 202564 Dallas, TX 75320-2564 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,229.85
3.116	Nonpriority creditor's name and mailing address Lighthouse Services, Inc. 1710 Walton Rd Ste 204 Blue Bell, PA 19422 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$815.00

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3.117	Nonpriority creditor's name and mailing address LipoSales 170-9 Central Ave Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,334.11
3.118	Nonpriority creditor's name and mailing address Lone Star Communications 4210 South Dr Houston, TX 77053-4811 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$438.41
3.119	Nonpriority creditor's name and mailing address LSI Solutions, Inc. PO Box 205099 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.92
3.120	Nonpriority creditor's name and mailing address Luby's Fuddruckers Restaurants, LLC PO Box 202183 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$642.98
3.121	Nonpriority creditor's name and mailing address Mahendru, PC 639 Heights Blvd Houston, TX 77007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,932.21
3.122	Nonpriority creditor's name and mailing address Maine Standards 221 US Route 1 Cumberland Foreside, ME 04410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,992.76
3.123	Nonpriority creditor's name and mailing address Mako Surgical Corp. 2555 Davie Rd. Fort Lauderdale, FL 33317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105,000.00

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3.124	Nonpriority creditor's name and mailing address Mangini-Lakhia Pathology Laboratory 1140 Business Center Dr, Ste 370 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,856.15
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3.125	Nonpriority creditor's name and mailing address MBB Neuromonitoring Vilma Wheeler 4708 Plum Forest Rd Houston, TX 77084 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,353.00
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3.126	Nonpriority creditor's name and mailing address McKesson Medical Surgical PO Box 660266 Marietta, TX 75566-0266 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$953.63
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3.127	Nonpriority creditor's name and mailing address McKesson Medical Surgical PO Box 660266 Dallas, TX 75266 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,950.77
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3.128	Nonpriority creditor's name and mailing address MD Resource Corporation 5981 Graham Ct Livermore, CA 94550 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,249.00
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3.129	Nonpriority creditor's name and mailing address MedGas By Design, LLC 24200 Southwest Fwy Ste 402-261 Rosenberg, TX 77471 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,850.00
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3.130	Nonpriority creditor's name and mailing address Medical Care of Texas 5037-B FM 2920 Spring, TX 77388 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173,600.00
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3.131	Nonpriority creditor's name and mailing address Medical Protective PO Box 15021 Fort Wayne, IN 46885-5021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$339.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.132	Nonpriority creditor's name and mailing address Medical Solutions LLC PO Box 310737 Austin, TX 78755 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$54,824.64 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.133	Nonpriority creditor's name and mailing address Mediators, Inc. NW 9841 PO Box 1450 Minneapolis, MN 55485 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,924.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.134	Nonpriority creditor's name and mailing address Medline Industries, Inc. Dept. 1080 PO Box 121080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$25,249.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.135	Nonpriority creditor's name and mailing address Medline Industries, Inc. c/o Michael S. Baim The CKB Firm 30 North LaSalle St, Ste 1520 Chicago, IL 60602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.136	Nonpriority creditor's name and mailing address MedSphere Systems Corporation 135 N Los Robles Ave Ste 600 Pasadena, CA 91101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$47,274.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.137	Nonpriority creditor's name and mailing address Medtronic USA, Inc. PO Box 848086 Dallas, TX 75284-8086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,522.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address MedUSA Group, LLC 17304 Preston Rd, Ste 800 Dallas, TX 75252 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address Merit Medical Systems, Inc. PO Box 204842 Dallas, TX 75320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,611.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address Merry X-Ray Corporation 4909 Murphy Canyon Rd Ste 120 San Diego, CA 92123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,956.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address Mettler-Toledo Rannin, LLC 27006 Network Place Chicago, IL 60673-1270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$108.68 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address MicroAire Lock Box 96565 Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$222.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address Microsoft One Microsoft Way Redmond, WA 98052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,848.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.144	Nonpriority creditor's name and mailing address Millennium Surgical Corp. PO Box 775385 Chicago, IL 60677-5385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,268.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.145	Nonpriority creditor's name and mailing address Mindray DS USA, Inc. 24312 Network PL Chicago, IL 60679-1234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,052.66
3.146	Nonpriority creditor's name and mailing address Misonix, Inc. 1938 New Highway Farmingdale, NY 11735 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,462.69
3.147	Nonpriority creditor's name and mailing address Mizuho Orthopedic Systems, Inc. 30031 Ahern Ave Union City, CA 94587-1234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$551.51
3.148	Nonpriority creditor's name and mailing address Modular Systems & Installation Services 11225 Neeshaw Houston, TX 77065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,014.84
3.149	Nonpriority creditor's name and mailing address My Office Products PO Box 32192 New York, NY 10087-2192 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,086.79
3.150	Nonpriority creditor's name and mailing address NeoGenomics Laboratories, Inc. PO Box 864403 Orlando, FL 32886-4110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,240.00
3.151	Nonpriority creditor's name and mailing address Neuronetics 32222 Phoenixville Pke Malvern, PA 19355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,929.68

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3.152	Nonpriority creditor's name and mailing address Nicka & Associates, Inc. 4500 W Wildorado Pkwy, Ste 3400 McKinney, TX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,247.86
3.153	Nonpriority creditor's name and mailing address Northside Pathology Group, PLLC 510 W Tidwell rd Houston, TX Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00
3.154	Nonpriority creditor's name and mailing address Nova Strategic Solutions PO Box 12204 Spring, TX 77391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$200.00
3.155	Nonpriority creditor's name and mailing address Nuance Communications, Inc. PO Box 7247-6924 Philadelphia, PA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,485.50
3.156	Nonpriority creditor's name and mailing address NuTech, Inc. 1301 Clinic Dr Tyler, TX 75701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$890.00
3.157	Nonpriority creditor's name and mailing address OHK Medical Device, Inc. 2885 Sanford Ave SW #14751 Grandville, MI 49418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$940.00
3.158	Nonpriority creditor's name and mailing address Olympus America Inc. PO Box 120600 Dept. 0600 Dallas, TX 75312-0600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,795.66

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3.159	Nonpriority creditor's name and mailing address Olympus America, Inc. Dept. 3595 PO Box 123595 Dallas, TX 75312-3595 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.49
3.160	Nonpriority creditor's name and mailing address Omniceil, Inc. PO Box 204550 Dallas, TX 75320-4650 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$746.93
3.161	Nonpriority creditor's name and mailing address One Stop Print Shop 3033 Cypress Creek Pkwy Houston, TX 77068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.62
3.162	Nonpriority creditor's name and mailing address Oppor Infrastructure 4425 Indian Creek Pkwy Overland Park, KS 66207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,223.90
3.163	Nonpriority creditor's name and mailing address Organogenesis, Inc. Dept. 2542 PO Box 122542 Dallas, TX 75312-2542 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,860.00
3.164	Nonpriority creditor's name and mailing address Orion Laboratory Solutions LLC 835 E Lamar Blvd #132 Arlington, TX 76011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,221.75
3.165	Nonpriority creditor's name and mailing address Ortho Clinical Diagnostics PO Box 3655 Carol Stream, IL 60132-3655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,988.28

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3.166	Nonpriority creditor's name and mailing address Osteomed LLC 2241 Collection Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,612.18
3.167	Nonpriority creditor's name and mailing address Pappa Johns Houston Pizza Venture 13131 Champions Dr, Ste 110 Houston, TX 77069 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.68
3.168	Nonpriority creditor's name and mailing address ParMed Pharmaceuticals PO Box 90272 Chicago, IL 60696-0272 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,571.10
3.169	Nonpriority creditor's name and mailing address Parts Source PO Box 645186 Cincinnati, OH 45264-5186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,517.42
3.170	Nonpriority creditor's name and mailing address Patient Choice Coalition PCCOT PO Box 278 League City, TX 77574 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
3.171	Nonpriority creditor's name and mailing address PegEX 5520 Nobel Dr Ste 125 Madison, WI 53711 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.172	Nonpriority creditor's name and mailing address PenRad Technologies, Inc. 114 Commerce Circle Buffalo, MN 55313 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,500.00

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3.173	Nonpriority creditor's name and mailing address PG Lifelink 167 Gap Way Erlanger, KY 41018 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,204.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.174	Nonpriority creditor's name and mailing address Phadia US, Inc. PO Box 741760 Atlanta, GA 30374-1760 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$130,943.04 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.175	Nonpriority creditor's name and mailing address PharMEDium Services, LLC 39797 Treasury Center Chicago, IL 60694-3900 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$117.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.176	Nonpriority creditor's name and mailing address PHNH Physician Associates, PLLC 5037-B FM 2920 Spring, TX 77388 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,872.65 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.177	Nonpriority creditor's name and mailing address Physician's Alliance of Red Oak 5037-B FM 2920 Spring, TX 77388 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$71,486.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business personal property included in the 2019 BPP rendition</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.178	Nonpriority creditor's name and mailing address Praxair Distribution, Inc - 4276 PO Box 120812 Dept 0812 Dallas, TX 75312-0812 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,900.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.179	Nonpriority creditor's name and mailing address Praxair Distribution, Inc. Dept 0812 PO Box 120812 Dallas, TX 75312-0812 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,398.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.180	Nonpriority creditor's name and mailing address Praxair Distribution, Inc. Dept. 0812 PO Box 120812 Dallas, TX 75312-0812 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,819.74
3.181	Nonpriority creditor's name and mailing address Praxair Distribution, Inc. dept 0812 PO Box 120812 Dallas, TX 75312-0812 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,840.54
3.182	Nonpriority creditor's name and mailing address Press Ganey Assoc., Inc. Box 88335 Milwaukee, WI 53288-0335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,145.82
3.183	Nonpriority creditor's name and mailing address Prince Food Systems, Inc. 11001 S Wilcrest Dr, Ste 200 Houston, TX 77099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$99,621.97
3.184	Nonpriority creditor's name and mailing address Proficient Services 1930 Rainy River Houston, TX 77088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,050.00
3.185	Nonpriority creditor's name and mailing address ProHealth Staffing LLC PO Box 7064 San Francisco, CA 94120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$240.00
3.186	Nonpriority creditor's name and mailing address QIAGEN, Inc. PO Box 5132 Carol Stream, IL 60197-5132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,426.02

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3.187	Nonpriority creditor's name and mailing address Radiation Detection Company, Inc. 3527 Snead Dr Georgetown, TX 78626 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.02
3.188	Nonpriority creditor's name and mailing address Reinvent Biologics LLC 1200 W Fwy Ste 300 Fort Worth, TX 76102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,247.50
3.189	Nonpriority creditor's name and mailing address Resurgence Healthcare Solutions LLC Accounting Department PO Box 9114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$987.36
3.190	Nonpriority creditor's name and mailing address RGIS PO Box 77631 Detroit, MI 48277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,668.00
3.191	Nonpriority creditor's name and mailing address Richard - Alan Scientific Co. 98194 Collection Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,840.48
3.192	Nonpriority creditor's name and mailing address Rodom Medical Consulting PA 1708 Elmen St Houston, TX 77019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$600.00
3.193	Nonpriority creditor's name and mailing address Safeguard Business Systems PO Box 88043 Chicago, IL 60680-1043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$125.64

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3.194	Nonpriority creditor's name and mailing address Segway Orthopaedics, Inc. 5205 Avenida Encinas #C Carlsbad, CA 92006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435.00
3.195	Nonpriority creditor's name and mailing address SETRAC-SouthEast Texas Regional Advisory Council 1111 N. Look West, Ste 160 Houston, TX 77008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,625.00
3.196	Nonpriority creditor's name and mailing address Seyfarth Shaw LLP 3807 Collections Center Dr Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,244.04
3.197	Nonpriority creditor's name and mailing address Sheta, Essam 2903 Barton Ct Pearland, TX 77584 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13.91
3.198	Nonpriority creditor's name and mailing address Siemens Medical Solutions USA, Inc. PO Box 120001 - Dept. 0733 Dallas, TX 75312-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,118.17
3.199	Nonpriority creditor's name and mailing address Simpex Medical PO Box 963 Jefferson, SC 29718 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$691.00
3.200	Nonpriority creditor's name and mailing address SJ Associated Pathologists PO Box 420150 Houston, TX 77242-0150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00

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3.201	Nonpriority creditor's name and mailing address Skye Orthobiologics 2255 Campus Dr El Segundo, CA 90245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,060.00
3.202	Nonpriority creditor's name and mailing address Smith & Nephew, Inc. PO Box 205651 Dallas, TX 75320-5651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,958.78
3.203	Nonpriority creditor's name and mailing address Solstice Corporation PO Box 1177 Portland, ME 04104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$576.00
3.204	Nonpriority creditor's name and mailing address Southwest Regional PCR, LLC 9161 Narcoossee Rd Ste 202 Orlando, FL 32827 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,400.00
3.205	Nonpriority creditor's name and mailing address SPBS, Inc. 4431 Long Prairie Rd Ste 100 Flower Mound, TX 75028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,820.08
3.206	Nonpriority creditor's name and mailing address Staples Business Credit PO Box 105638 Atlanta, GA 30348-5638 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$121.85
3.207	Nonpriority creditor's name and mailing address StatLab Medical Products PO Box 678056 Dallas, TX 75267-8056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,381.44

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3.208	Nonpriority creditor's name and mailing address STERIS Corporation PO Box 676548 Dallas, TX 75267-6548 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$333.83
3.209	Nonpriority creditor's name and mailing address Stryker Instruments PO Box 70119 Chicago, IL 60673-0119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$115,988.22
3.210	Nonpriority creditor's name and mailing address Stryker Orthopaedics Box 93213 Chicago, IL 60673-3213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$520,878.75
3.211	Nonpriority creditor's name and mailing address Stryker Sales Corp. PO Box 93276 Chicago, IL 60673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,054.48
3.212	Nonpriority creditor's name and mailing address Sunbelt Rentals, Inc. PO Box 409211 Atlanta, GA 30384-9211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,464.34
3.213	Nonpriority creditor's name and mailing address Superior Laboratory Services 1710 Preston Road, Ste A Pasadena, TX 77503-2901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.00
3.214	Nonpriority creditor's name and mailing address Surgical Notes 3100 Monticello Ave Ste 450 Dallas, TX 75205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$704.96

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3.215	Nonpriority creditor's name and mailing address Surgilogix 11503 NW Military Hwy Bldg 400 Ste 307 San Antonio, TX 78231-1884 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,950.00
3.216	Nonpriority creditor's name and mailing address SutureExpress PO Box 842806 Kansas City, MO 64184-2806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,381.50
3.217	Nonpriority creditor's name and mailing address TD Industries, Inc. PO Box 300008 Dallas, TX 75303-0008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,732.26
3.218	Nonpriority creditor's name and mailing address Teleflex Medical PO Box 601608 Charlotte, NC 28260-1608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,290.57
3.219	Nonpriority creditor's name and mailing address Terumo Medical Corporation PO Box 841733 Dallas, TX 75284-1733 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,426.15
3.220	Nonpriority creditor's name and mailing address Texas AirSystems, LLC 6029 West Campus Cir Dr Ste 100 Irving, TX 75063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$698.22
3.221	Nonpriority creditor's name and mailing address Texas Dept. of State Health Architectural Review Group PO Box 149347 Austin, TX 78714-9347 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,535.00

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3.222	Nonpriority creditor's name and mailing address Texas Lithotripsy LP VIII PO Box 953333 Grapevine, TX 76099 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,000.00
<hr/>			
3.223	Nonpriority creditor's name and mailing address Texas Medicaid & Healthcare Partnership Accounts Receivable PO Box 202948 Austin, TX 78720-2948 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,651.14
<hr/>			
3.224	Nonpriority creditor's name and mailing address The Bug Stoppers PO Box 8998 Spring, TX 77387-8998 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$871.40
<hr/>			
3.225	Nonpriority creditor's name and mailing address ThyssenKrupp Elevator Corp. PO Box 933004 Atlanta, GA 31193-3004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,553.67
<hr/>			
3.226	Nonpriority creditor's name and mailing address Tissue Regenix Wound Care, Inc. PO Box 841379 Dallas, TX 75284 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,455.00
<hr/>			
3.227	Nonpriority creditor's name and mailing address Titan Spine 6410 West Executive Dr Ste A Thiensville, WI 53092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.00
<hr/>			
3.228	Nonpriority creditor's name and mailing address TMMS Staffing, LLC 5037-B FM 2920 Spring, TX 77388 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,364,746.52

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

Name

3.229	Nonpriority creditor's name and mailing address Tornier, Inc. PO Box 4631 Houston, TX 77210-4631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$58,850.41
3.230	Nonpriority creditor's name and mailing address Tri-State Lithotripsy III, L.P. PO Box 2062 Pampa, TX 79066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,800.00
3.231	Nonpriority creditor's name and mailing address Tritin Medical Distribution 9 Medical Pkwy, Ste 108 Dallas, TX 75234-7868 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,850.00
3.232	Nonpriority creditor's name and mailing address TWI Service, Inc. PO Box 520117 Longwood, FL 32752 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.45
3.233	Nonpriority creditor's name and mailing address TZ Medical, Inc. 17750 SW Upper Bones Ferry Rd Ste 150 Portland, OR 97224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$821.50
3.234	Nonpriority creditor's name and mailing address ULINE Attn: Accounts Receivable PO Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,157.97
3.235	Nonpriority creditor's name and mailing address Ultimate Biomedical Solution LLC 6315B FM 1488 Rd #138 Magnolia, TX 77354-2526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,878.01

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

Name

3.236	Nonpriority creditor's name and mailing address Ultimate Medical Services, Inc. 6004 Hwy 90 East Lake Charles, LA 70615 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,000.00
3.237	Nonpriority creditor's name and mailing address USMED-EQUIP PO Box 41321 Houston, TX 77241 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$237.87
3.238	Nonpriority creditor's name and mailing address VasoHealthcareIT Corp. 4710 Eisenhower Blvd Ste E-8 Tampa, FL 33634 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$722,730.73
3.239	Nonpriority creditor's name and mailing address Venture Development 200 Medical Dr Ste C1A Carmel, IN 46032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,000.00
3.240	Nonpriority creditor's name and mailing address Vista Printing 395 Olive Ave Vista, CA 92083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,435.08
3.241	Nonpriority creditor's name and mailing address Viventi Med, LLC 5037-B FM 2920 Spring, TX 77388 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,651.98
3.242	Nonpriority creditor's name and mailing address W.L. Gore & Assoc., Inc. PO Box 751331 Charlotte, NC 28275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,692.00

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

Name

3.243	Nonpriority creditor's name and mailing address Wells Johnson Company PO Box 18230 Tucson, AZ 85731-8230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,438.14
3.244	Nonpriority creditor's name and mailing address Werfen USA LLC PO Box 347934 Pittsburgh, PA 15251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,381.39
3.245	Nonpriority creditor's name and mailing address Wound Care Innovations, LLC 1200 Summit Ave, Ste 414 Fort Worth, TX 76102-4407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,945.00
3.246	Nonpriority creditor's name and mailing address Wright Medical Technology, Inc. PO Box 503482 Saint Louis, MO 63150-3482 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,179.54
3.247	Nonpriority creditor's name and mailing address Z-Medica, LLC PO Box 412344 Boston, MA 02241-2344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$634.13
3.248	Nonpriority creditor's name and mailing address Zavation Medical Products, LLC 220 Lakeland Pkwy Flowood, MS 39232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00
3.249	Nonpriority creditor's name and mailing address Zimmer PO Box 840166 Dallas, TX 75284-0166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,790.66

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

Name

3.250 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.***\$19,865.00****Zimmer Knee Creations
14235 Collection Center Dr
Chicago, IL 60693**

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date(s) debt was incurred _____

Basis for the claim: _____

Last 4 digits of account number _____

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AMB Services, Inc. c/o Wong Fleming 77 Sugar Creek Center Blvd Ste 401 Sugar Land, TX 77478	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Change Healthcare, LLC c/o Rauch-Milliken International, Inc. 4400 Trenton St Metairie, LA 70006	Line <u>3.55</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Fortis Surgical Solutions c/o Stromberg Stock PLLC 8750 North Central Expressway, Suite 625 Dallas, TX 75231	Line <u>3.82</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Globonics, LLC c/o Kara Stauffer Alvarez Stauffer Bremer PLLC 815 Walker St., Suite 1450 Houston, TX 77002	Line <u>3.91</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Henry Schein, Inc. c/o Freedman & Price, P.C. 1102 West Ave., Ste 200 Austin, TX 78701	Line <u>3.100</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Hunter Pharmacy Services, Inc. c/o Aaron Charles de la Garza Aaron C. De La Garza, PLLC 509 West 18th St Austin, TX 78701	Line <u>3.103</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	Medsphere Systems Corporation c/o Jon Stenquist Parsons Behle & Latimer 350 Memorial Dr., Ste 300 Idaho Falls, ID 83402	Line <u>3.136</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Neuronetics c/o Javitch Block LLC 1100 Superior Ave., 19th FL Cleveland, OH 44114	Line <u>3.151</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

Name

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.9 **Prince Food Systems, Inc.**
c/o Barry Heslop
1111 Heights Blvd.
Houston, TX 77008

Line **3.183**

—

☐ Not listed. Explain _____

4.10 **Vista Printing**
c/o Wells & Cueller
440 Louisiana, Ste 718
Houston, TX 77002

Line **3.240**

—

☐ Not listed. Explain _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims****5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1****5b. Total claims from Part 2**

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts5a. \$ **0.00**5b. + \$ **10,020,840.37**5c. \$ **10,020,840.37**

Fill in this information to identify the case:Debtor name **Providence Hospital of North Houston LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.**1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Master Lease with various scheduled equipment**State the term remaining **4 to 44 months**

List the contract number of any government contract _____

**Canon Financial Services, Inc.
158 Gaither Dr
Mount Laurel, NJ 08054**2.2. State what the contract or lease is for and the nature of the debtor's interest **MOU/Bill of Sale**State the term remaining **49 months**

List the contract number of any government contract _____

**Doctor's Hospital 1997 LP
dba United Memorial Medical Center
510 W Tidwell Rd
Houston, TX 77091**2.3. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease for Robotic Arm**State the term remaining **44 months**

List the contract number of any government contract _____

**Rad Leasing Company II LP
5037 B FM 2920
Spring, TX 77388**2.4. State what the contract or lease is for and the nature of the debtor's interest **Equipment Lease for Radiology Equipment for Titan High Yield MRI, Aquillion Prime CT Scan, Toshiba Radiology System, Toshiba Aplio Ultrasound, Toshiba Aquillion CT Scanner, Toshiba Aplio Transesophageal**

State the term remaining **21 months****Texas Radiology Associates, P.A.
5037B FM 2920
Spring, TX 77388**

Debtor 1 **Providence Hospital of North Houston LLC**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract

2.5. State what the contract or lease is for and the nature of the debtor's interest

Equipment Lease Agreement for Toshiba Infinix Elite Cardiovascular 5-Axis C-Arm Floor-mounted System complete with all attachments and accessories
29 months

State the term remaining

List the contract number of any government contract

Toshiba Medical System
2441 Michelle Dr
Tustin, CA 92780

Fill in this information to identify the case:Debtor name **Providence Hospital of North Houston LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF TEXAS**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **1960 Family Practice, P.A.** **5037-B FM 2920 Spring, TX 77388****Independent Financial**☒ D **2.8**
☐ E/F _____
☐ G _____2.2 **1960 Family Practice, P.A.** **5037-B FM 2920 Spring, TX 77388****M2 Lease Funds, LLC**☒ D **2.10**
☐ E/F _____
☐ G _____2.3 **1960 Family Practice, P.A.** **5037-B FM 2920 Spring, TX 77388****Henry Schein, Inc.**☐ D _____
☒ E/F **3.100**
☐ G _____2.4 **1960 Family Practice, P.A.** **5037-B FM 2920 Spring, TX 77388****Change Healthcare, LLC**☐ D _____
☒ E/F **3.55**
☐ G _____2.5 **1960 Family Practice, P.A.** **5037-B FM 2920 Spring, TX 77388****Independent Financial**☒ D **2.9**
☐ E/F _____
☐ G _____

Debtor Providence Hospital of North Houston LLC

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	1960 Family Practice, P.A.	5037-B FM 2920 Spring, TX 77388	Henry Schein, Inc.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.101</u> <input type="checkbox"/> G _____
<hr/>				
2.7	Cypress Creek ER of Harmony	5037-B FM 2920 Spring, TX 77388	MedSphere Systems Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.136</u> <input type="checkbox"/> G _____
<hr/>				
2.8	Cypress Creek ER, PLLC	5037-B FM 2920 Spring, TX 77388	Independent Financial	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.9	Cypress Creek ER, PLLC	5037-B FM 2920 Spring, TX 77388	MedSphere Systems Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.136</u> <input type="checkbox"/> G _____
<hr/>				
2.10	Cypress Creek ER, PLLC	5037-B FM 2920 Spring, TX 77388	Independent Financial	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.11	Digital Imaging	5037-B FM 2920 77388	VasoHealthcare IT Corp.	<input checked="" type="checkbox"/> D <u>2.16</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.12	Doctor's Hospital 1997 LP	dba United Memorial Medical Center 510 W Tidwell Rd Houston, TX 77091	Canon Financial Services, Inc.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.13	FM 1960 Medical Village II, LP	5037B FM 2920 Spring, TX 77388	Independent Financial	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	FM 1960 Medical Village II, LP	5037B FM 2920 Spring, TX 77388	Independent Financial	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.15	Huong Le Nguyen	50 Palmer Crest Dr. Spring, TX 77381	Independent Financial	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.16	Huong Le Nguyen	50 Palmer Crest Dr. Spring, TX 77381	Canon Financial Services, Inc.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.17	Huong Le Nguyen	50 Palmer Crest Dr. Spring, TX 77381	Independent Financial	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.18	Le Nguyen Family, L.P.	50 Palmer Crest Dr. Spring, TX 77381	Independent Financial	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.19	Le Nguyen Family, L.P.	50 Palmer Crest Dr. Spring, TX 77381	Independent Financial	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.20	Minh Chi Nguyen	50 Palmer Crest Dr. Spring, TX 77381	Canon Financial Services, Inc.	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.21	Minh Chi Nguyen	50 Palmer Crest Dr. Spring, TX 77381	Independent Financial	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor Providence Hospital of North Houston LLC

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	Minh Chi Nguyen	50 Palmer Crest Dr. Spring, TX 77381	Independent Financial	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.23	Providence ER of Spring, PLLC	5037-B FM 2920 Spring, TX 77388	MedSphere Systems Corporation	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.136</u> <input type="checkbox"/> G _____
2.24	Syed Rizwan Mohiuddin	510 W Tidwell Rd Houston, TX 77091	Independent Financial	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.25	Syed Rizwan Mohiuddin	510 W Tidwell Rd Houston, TX 77091	Independent Financial	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.26	Texas Managerial Medical Services, LLC	5037-B FM 2920 Spring, TX 77388	Globonics LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.91</u> <input type="checkbox"/> G _____
2.27	Texas Radiology Associates, P.A.	5037B FM 2920 Spring, TX 77388	Independent Financial	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.28	Texas Radiology Associates, P.A.	5037B FM 2920 Spring, TX 77388	Independent Financial	<input checked="" type="checkbox"/> D <u>2.9</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:Debtor name Providence Hospital of North Houston LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2020** to **Filing Date****Sources of revenue**

Check all that apply

☒ Operating a business☐ Other _____**Gross revenue**

(before deductions and exclusions)

\$0.00**For prior year:**From **1/01/2019** to **12/31/2019**☒ Operating a business☐ Other _____**\$12,696,742.00****For year before that:**From **1/01/2018** to **12/31/2018**☒ Operating a business☐ Other _____**\$38,816,466.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**For prior year:**From **1/01/2019** to **12/31/2019****Write-off of related party payables for businesses that had closed and filed their final tax return in 2019; related entities were Cypress Creek ER, PLLC and Encompass Neuro, PLLC****\$673,707.00**

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

For year before that:
From **1/01/2018** to **12/31/2018**

Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
Loan Payments made by UMMC directly to Independent Financial Bank for the 2 loans that are in the name of Providence Hospital of North Houston, LLC	\$507,689.00

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. SEE ATTACHED SOFA EXHIBIT 3			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. SEE ATTACHED SOFA EXHIBIT 4			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

SOFA EXHIBIT #3

Creditors Name	Creditor's Address	Date	Amount	Reason for payment or transfer	Reason
JPMorgan Chase Bank, NA	10665 Kuykendahl Rd., The Woodlands, 77382 500 S. Mill Ave #329, Tempe, AZ	06/01/2020	3,513.33	Other	Interest Payment on equipment leases held by Texas Radiology Associates, PA and leased to Providence Hospital of North Houston. Payment made directly to bank.
Affordify, Inc.	85281 500 S. Mill Ave #329, Tempe, AZ	06/02/2020	318.85	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	85281 500 S. Mill Ave #329, Tempe, AZ	06/02/2020	223.35	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	85281 500 S. Mill Ave #329, Tempe, AZ	06/02/2020	221.95	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	85281 500 S. Mill Ave #329, Tempe, AZ	06/02/2020	196.95	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	85281 500 S. Mill Ave #329, Tempe, AZ	06/02/2020	194.95	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	85281 500 S. Mill Ave #329, Tempe, AZ	06/02/2020	194.95	Suppliers or vendors	Credit card company monthly processing fees.
Elavon Zirned Inc.	7300 Chapman Hwy, Knoxville, TN 37920	06/02/2020	0.23	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	06/10/2020	11.60	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	06/10/2020	6.55	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	06/10/2020	5.95	Suppliers or vendors	Credit card company monthly processing fees.

SOFA EXHIBIT #3

Creditors Name	Creditor's Address	Date	Amount	Reason for payment or transfer	Reason
Highland Capital Corporation	5 Center Avenue, Little Falls, NJ 07424	06/22/2020	10,185.24	Suppliers or vendors	Lease payment for Used Toshiba Prime 80 Slice CT
JPMorgan Chase Bank, NA	10665 Kuykendahl Rd., The Woodlands, 77382	06/30/2020	3,574.32	Other	Interest Payment on equipment leases held by Texas Radiology Associates, PA and leased to Providence Hospital of North Houston. Payment made directly to bank.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	07/02/2020	103.35	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	07/02/2020	101.95	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	07/02/2020	76.95	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	07/02/2020	74.95	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	07/02/2020	74.95	Suppliers or vendors	Credit card company monthly processing fees.
Elavon Zirned Inc.	7300 Chapman Hwy, Knoxville, TN 37920	07/02/2020	0.23	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	07/08/2020	10.70	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	07/08/2020	6.55	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	07/08/2020	5.95	Suppliers or vendors	Credit card company monthly processing fees.

SOFA EXHIBIT #3

Creditors Name	Creditor's Address	Date	Amount	Reason for payment or transfer	Reason
Crain, Caton & James, P.C	1401 McKinney St, 17 th Floor, Houston, TX 77010-4035	07/15/2020	3,065.00	Services	Legal fees for services through June 30, 2020 for creditor claims including Medsphere (Wellsoft) and Cardinal Health (Inv. 1213994), Legal Fees for services through June 30, 2020 regarding Axis Neuromonitoring (Inv. 1213995) and legal fees for services through June 30, 2020 regarding the Medsphere Systems (Wellsoft) lawsuit (Inv. 1213996)
Crain, Caton & James, P.C	1401 McKinney St, 17 th Floor, Houston, TX 77010-4035	07/15/2020	795.00	Services	For services rendered through December 31, 2019 for Accountable Healthcare Staffing (Inv. 1206227)
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	07/17/2020	62.35	Suppliers or vendors	Credit card company monthly processing fees.
Highland Capital Corporation	5 Center Avenue, Little Falls, NJ 07424	07/20/2020	10,185.24	Suppliers or vendors	Lease payment for Used Toshiba Prime 80 Slice CT
American Express	P.O. Box 650448, Dallas, TX 75265- 0448	07/22/2020	197.20	Suppliers or vendors	Payment of credit card charges in Jan and Feb relating to the issuance of 1099 to vendors for Tax Year 2019 (\$78.20) and Pinestar Technologies (\$119)
Zirned, Inc.	1311 Solutions Center, Chicago, IL 60677-1311	07/27/2020	2,416.21	Suppliers or vendors	Monthly institutional claims management fee – March 2020 (Inv. 1003615), April 2020 (Inv. 1071350), May 2020 (Inv. 1085172) and June 2020 (Inv. 1131404). Service necessary to be able to look up billing records to respond to medical record requests.
The Pope Law Firm	5151 Katy Freeway, Ste 306, Houston, TX 77007	07/30/2020	3,500.00	Services	Retainer fee for Canon vs. Providence et al
JPMorgan Chase Bank, NA	10665 Kuykendahl Rd., The Woodlands, 77382	07/31/2020	4,238.05	Other	Interest Payment on equipment leases held by Texas Radiology Associates, PA and leased to Providence Hospital of North Houston. Payment made directly to bank.

SOFA EXHIBIT #3

Creditors Name	Creditor's Address	Date	Amount	Reason for payment or transfer	Reason
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	08/03/2020	157.37	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	08/03/2020	103.35	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	08/03/2020	101.95	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	08/03/2020	76.95	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	08/03/2020	74.95	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	08/03/2020	74.95	Suppliers or vendors	Credit card company monthly processing fees.
Elavon Zirned Inc.	7300 Chapman Hwy, Knoxville, TN 37920	08/03/2020	0.23	Suppliers or vendors	Credit card company monthly processing fees.
Nathan Sommers Jacobs	2800 Post Oak Boulevard, 61 st Floor, Houston, TX 77056	08/07/2020	40,000.00	Services	Retainer fee for filing the PHNH Bankruptcy
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	08/07/2020	9.25	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	08/07/2020	6.55	Suppliers or vendors	Credit card company monthly processing fees.
Affordify, Inc.	500 S. Mill Ave #329, Tempe, AZ 85281	08/07/2020	5.95	Suppliers or vendors	Credit card company monthly processing fees.

SOFA EXHIBIT #3

Creditors Name	Creditor's Address	Date	Amount	Reason for payment or transfer	Reason
Crain, Caton & James, P.C	1401 McKinney St, 17 th Floor, Houston, TX 77010-4035	08/11/2020	3,735.00	Services	Legal fees for services through July 30, 2020 for Creditor claims (Inv. 1215208), Legal Fees for services through July 30, 2020 regarding Fortis Lawsuit (Inv. 1215209), Legal Fees for services through July 30, 2020 regarding Globonics (1215210), Legal Fees for services through July 30, 2020 regarding Axis Neuromonitoring (Inv. 1215211) and legal fees for services through July 30, 2020 regarding the Medsphere Systems (Wellsoft) lawsuit (Inv. 1215212)
Bentley Bratcher & Associates P.C.	515 W. Greens Rd., Ste. 710 Houston, TX 77067	08/12/2020	20,000.00	Services	Preparation of tax returns 2019 & 2020
Fisher & Phillips LLP	1075 Peach Tree Street NE Suite 3500 Atlanta, GA 30309	08/12/2020	3,380.51	Services	Legal Fees for a case settled in 2019
Hicks Davis Wynn P.C.	3555 Timmons Lane, Suite 1000 Houston, TX 77027	08/13/2020	4,280.00	Services	Legal Fees for Cyber Attack Case
Iron Mountain	POB 915004 Dallas, TX 75391	08/18/2020	9,459.73		Medical Record Storage Fee
Zirmed-Waystar	13111 Solutions Center Chicago, IL 60677	08/19/2020	1,170.02		Medical Records Clearinghouse

SOFA EXHIBIT #4

Insider's Name	Insider's address	Relationship to debtor	Post Date	Debit	Reason for payment or transfer
Charles Cave	9221 Faulkner Rd Cleveland, TX 77328	Former CEO/CFO	11/01/2019	44,238.96	Salary payment made to Charles Cave as part of a legal settlement.
1960 Family Practice, PA	5037B FM 2920, Spring TX	Common ownership	11/13/2019	250.00	Reimburse 1960 Family Practice for portion of Jeremy Dozier sleep study bill dated 9/3/2019 as it related to time at Providence Hospital of North Houston
Allergy of Texas, PLLC d/b/a Medical Care of Texas	5037B FM 2920, Spring TX	Common ownership	09/26/2019	500,000.00	On 9/26/2019, \$500K was paid for management fees for September 2019 until date of PHNH bankruptcy.
Allergy of Texas, PLLC d/b/a Medical Care of Texas	5037B FM 2920, Spring TX	Common ownership	11/26/2019 - 12/30/2019	-190,000.00	In November 2019 and December 2019 a total of \$190K was redeposited to PHNH. Net amount to Medical Care of Texas was \$310,000. Reason: concerns about bank/creditors pulling money out of PHNH if UMMC did not make payment on rent to cover Independent Financial bank loan.
Allergy of Texas, PLLC d/b/a Medical Care of Texas	5037B FM 2920, Spring TX	Common ownership	10/24/2019	300,000.00	On 10/24/2019, \$300K was temporarily deposited and then on 10/25/2019 \$300K was re-deposited into PHNH; net zero. reason: concerns about bank/creditors pulling money out of PHNH if UMMC did not make payment on rent to cover Independent Financial bank loan.
Allergy of Texas, PLLC d/b/a Medical Care of Texas	5037B FM 2920, Spring TX	Common ownership	10/15/2019	-300,000.00	On 10/24/2019, \$300K was temporarily deposited and then on 10/25/2019 \$300K was re-deposited into PHNH; net zero. reason: concerns about bank/creditors pulling money out of PHNH if UMMC did not make payment on rent to cover Independent Financial bank loan.
Allergy of Texas, PLLC d/b/a Medical Care of Texas	5037B FM 2920, Spring TX	Common ownership	11/08/2019	170,000.00	On 11/08/2019, \$170K was temporarily deposited and then on 11/11/2019 \$170K was re-deposited into PHNH; reason: concerns about bank/creditors pulling money out of PHNH if UMMC did not make a payment on rent to cover Independent Financial bank loan.
Allergy of Texas, PLLC d/b/a Medical Care of Texas	5037B FM 2920, Spring TX	Common ownership	11/11/2019	-170,000.00	On 11/08/2019, \$170K was temporarily deposited and then on 11/11/2019 \$170K was re-deposited into PHNH; net zero; reason: concerns about bank/creditors pulling money out of PHNH if UMMC did not make a payment on rent to cover Independent Financial bank loan.
Dr. Huong Le Nguyen	50 Palmer Crest Dr., The Woodlands, TX 77381	Managing Member	10/15/2019	27,000.00	Clinical lab consultant service fees at \$750/month for 36 months from 8/1/2016-8/1/2019 (Inv 6790-6792). PHNH did not pay Dr. Le for the past 36 months.
FM 1960 Medical Village II, LP	5037B FM 2920, Spring TX	Common ownership	08/29/2019	146,000.00	Partial payment on debt owed for the original buildout of the hospital. Debt agreement was entered into on 6/1/16 for \$3,761,925.
PHNH Physician Associates, PLLC	5037B FM 2920, Spring TX	Common ownership	04/10/2020	154,531.49	On 4/10/20, \$154,531.49 was temporarily deposited and then on 4/29/20 \$154,531.49 was re-deposited into PHNH; reason: net zero; concerns about bank/creditors pulling money out of PHNH if UMMC did not make a payment on rent to cover Independent Financial bank loan.
PHNH Physician Associates, PLLC	5037B FM 2920, Spring TX	Common ownership	04/10/2020	-154,531.49	On 4/10/20, \$154,531.49 was temporarily deposited and then on 4/29/20 \$154,531.49 was re-deposited into PHNH; reason: net zero; concerns about bank/creditors pulling money out of PHNH if UMMC did not make a payment on rent to cover Independent Financial bank loan.
Physicians Alliance of Red Oak, LP	5037B FM 2920, Spring TX	Common ownership	09/06/2019	21,573.23	On 9/6/19, PHNH paid rent of \$21,574.23 for HOPD ER space at 837 Cypress Creek Ste 111. PHNH then borrowed from Physicians Alliance of Red Oak \$93,060.56 in 2/2020 to pay for the 2019 business personal property taxes of PHNH. Net amount owed is \$71,486.33. See creditor 3.175 in Schedule E/F.
Physicians Alliance of Red Oak, LP	5037B FM 2920, Spring TX	Common ownership	2/7/2020 - 2/10/2020	-93,060.56	On 9/6/19, PHNH paid rent of \$21,574.23 for HOPD ER space at 837 Cypress Creek Ste 111. PHNH then borrowed from Physicians Alliance of Red Oak \$93,060.56 in 2/2020 to pay for the 2019 business personal property taxes of PHNH. Net amount owed is \$71,486.33. See creditor 3.175 in Schedule E/F.
Providence ER of Northwest, PLLC	5037B FM 2920, Spring TX	Common ownership	11/19/2019	120.00	The incorrect deposit slip was used by the Front Desk on 9/3/2019 and this moves the money to the correct company.
Providence ER of Northwest, PLLC	5037B FM 2920, Spring TX	Common ownership	11/19/2019	250.00	The incorrect deposit slip was used by the Front Desk on 9/7/2019 and this moves the money to the correct company.
Providence ER of Northwest, PLLC	5037B FM 2920, Spring TX	Common ownership	11/19/2019	188.00	The incorrect deposit slip was used by the Front Desk on 9/8/2019 and this moves the money to the correct company.
Providence ER of Northwest, PLLC	5037B FM 2920, Spring TX	Common ownership	11/19/2019	350.00	The incorrect deposit slip was used by the Front Desk on 9/8/2019 and this moves the money to the correct company.
Providence ER of Northwest, PLLC	5037B FM 2920, Spring TX	Common ownership	11/19/2019	1,275.00	The incorrect deposit slip was used by the Front Desk on 9/9/2019 and this moves the money to the correct company.
Rad Leasing Company II, LP	5037B FM 2920, Spring TX	Common ownership	11/05/2019	17,000.00	Partial payment on equipment (Stryker Robotic Arm) lease payment.
Rad Leasing Company II, LP	5037B FM 2920, Spring TX	Common ownership	12/09/2019	16,300.00	Partial payment on equipment (Stryker Robotic Arm) lease payment.
Rad Leasing Company II, LP	5037B FM 2920, Spring TX	Common ownership	03/03/2020	5.00	Partial payment on equipment (Stryker Robotic Arm) lease payment.
Rad Leasing Company II, LP	5037B FM 2920, Spring TX	Common ownership	10/07/2019	18,000.00	Partial payment on equipment (Stryker Robotic Arm) lease payment.
Rad Leasing Company II, LP	5037B FM 2920, Spring TX	Common ownership	08/30/2019	17,000.00	Partial payment on equipment (Stryker Robotic Arm) lease payment.
SE Texas ER & Hospital	19211 McKay Dr., Humble,	Managing Member has m	12/12/2019	50,000.00	Transferred money to SE Texas ER & Hospital to cover hospital costs.
SE Texas ER & Hospital	19211 McKay Dr., Humble,	Managing Member has m	11/18/2019	50,000.00	Transferred money to SE Texas ER & Hospital to cover hospital costs.
SE Texas ER & Hospital	19211 McKay Dr., Humble,	Managing Member has m	12/27/2019	50,000.00	Transferred money to SE Texas ER & Hospital to cover hospital costs.
Texas Radiology Associates, PA	5037B FM 2920, Spring TX	Common ownership	09/11/2019	5,006.86	Payment to TRA as they had overpaid on the balance owed to PHNH.
TMMS Staffing, LLC	5037B FM 2920, Spring TX	Common ownership	09/26/2019	30,000.00	Partial payments for American Express credit cards on invoices owed by PHNH and paid for by TMMS Staffing and management services of TMMS Staffing (pass through of payroll costs).
TMMS Staffing, LLC	5037B FM 2920, Spring TX	Common ownership	09/24/2019	20,000.00	Partial payments for American Express credit cards on invoices owed by PHNH and paid for by TMMS Staffing and management services of TMMS Staffing (pass through of payroll costs).
TMMS Staffing, LLC	5037B FM 2920, Spring TX	Common ownership	09/16/2019	55,000.00	Partial payments for American Express credit cards on invoices owed by PHNH and paid for by TMMS Staffing and management services of TMMS Staffing (pass through of payroll costs).

SOFA EXHIBIT #4

TMMS Staffing, LLC	5037B FM 2920, Spring TX Common ownership	03/25/2020	25,000.00	On 3/25/20, \$25K was temporarily deposited and then on 4/01/20 \$25K was re-deposited into PHNH; net zero; reason: concerns about bank/creditors pulling money out of PHNH if UMMC did not make a payment on rent to cover Independent Financial bank loan.
TMMS Staffing, LLC	5037B FM 2920, Spring TX Common ownership	04/01/2020	-25,000.00	On 3/25/20, \$25K was temporarily deposited and then on 4/01/20 \$25K was re-deposited into PHNH; net zero; reason: concerns about bank/creditors pulling money out of PHNH if UMMC did not make a payment on rent to cover Independent Financial bank loan.
Viventi Med, LLC	5037B FM 2920, Spring TX Common ownership	09/26/2019	7,000.00	Partial payments made for contract labor for physicians, nurses RN, police officers for security at the hospital. Physicians included Dr. Ortiz, Sterling Ridge Orthopedic groups, multiple other hospitalists, to provide ER and Hospitalists work at PHNH.
Viventi Med, LLC	5037B FM 2920, Spring TX Common ownership	09/30/2019	8,250.00	Partial payments made for contract labor for physicians, nurses RN, police officers for security at the hospital. Physicians included Dr. Ortiz, Sterling Ridge Orthopedic groups, multiple other hospitalists, to provide ER and Hospitalists work at PHNH.
Viventi Med, LLC	5037B FM 2920, Spring TX Common ownership	03/25/2020	49,000.00	Partial payments made for contract labor for physicians, nurses RN, police officers for security at the hospital. Physicians included Dr. Ortiz, Sterling Ridge Orthopedic groups, multiple other hospitalists, to provide ER and Hospitalists work at PHNH.
Viventi Med, LLC	5037B FM 2920, Spring TX Common ownership	09/19/2019	12,000.00	Partial payments made for contract labor for physicians, nurses RN, police officers for security at the hospital. Physicians included Dr. Ortiz, Sterling Ridge Orthopedic groups, multiple other hospitalists, to provide ER and Hospitalists work at PHNH.
Viventi Med, LLC	5037B FM 2920, Spring TX Common ownership	09/11/2019	50,000.00	Partial payments made for contract labor for physicians, nurses RN, police officers for security at the hospital. Physicians included Dr. Ortiz, Sterling Ridge Orthopedic groups, multiple other hospitalists, to provide ER and Hospitalists work at PHNH.
Viventi Med, LLC	5037B FM 2920, Spring TX Common ownership	08/28/2019	30,000.00	Partial payments made for contract labor for physicians, nurses RN, police officers for security at the hospital. Physicians included Dr. Ortiz, Sterling Ridge Orthopedic groups, multiple other hospitalists, to provide ER and Hospitalists work at PHNH.

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Fortis Surgical Solutions, LLC vs. Providence Hospital of North Houston, LLC Case No. #201921836	Collection	151st Judicial Dist. Harris County, TX	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Axis Neuromonitoring, LLC v. Providence Hospital of North Houston, LLC Case No. #2018-77230	Collection	133rd District Ct, Harris County, TX	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Globonics, LLC vs. Providence Hospital of North Houston, LLC and Texas Managerial Medical Services, LLC Case No. #2020-11252	Breach of Contract	165th Judicial Dist., Harris County, TX	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Accountable Healthcare Staffing, Inc. vs. Providence Hospital of North Houston, LLC, et al. Case No. #1136481	Collection	Civil Ct. at Law #1, Houston, TX	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Hunter Pharmacy Services, Inc. vs. Providence Hospital of North Houston, LLC Case No. #D-1-GN 19-000590	Collection	419th Judicial Dist., Travis County, TX	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	Medline Industries, Inc. vs. Providence Hospital of North Houston, LLC, et al. Case No. #2019L009728	Breach of Contract	Circuit Court of Cook County, IL	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	Medsphere Systems Corporation vs. Providence Hospital of North Houston, LLC Case No. #2020-22478	Collection	151st Judicial Dist., Harris County, TX	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	Prince Food Systems, Inc. vs. Providence Hospital of North Houston, LLC Case No. #2020-23471	Collection	129th Judicial Dist., Harris County, TX	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9.	Canon Financial Services vs. Providence Hospital of North Houston, LLC Case No. #202044711	Breach of Contract	151st Judicial Dist., Harris County, TX	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Part 4: Certain Gifts and Charitable Contributions

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	SEE ATTACHED SOFA EXHIBIT #9			
	Recipients relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
Cyber Attack SEE ATTACHED SOFA EXHIBIT 10		12/11/19	Unknown

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Nathan Sommers Jacobs 2800 Post Oak Blvd., 61st Floor Houston, TX 77056		08/07/20	\$40,000.00
Email or website address			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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SOFA EXHIBIT #9**SOFA #9 – Certain Gifts and Charitable Contributions**

Recipient's Name	Recipient's Address	Description of the gifts or contributions	Dates Given	Value	Recipients relationship to debtor	Comment
Susan G. Komen	602 Sawyer Street, Ste 201, Houston, TX 77007	2018 Komen Houston Race for the Cure	09/11/18	\$2,006.00	None	
Susan G. Komen	603 Sawyer Street, Ste 201, Houston, TX 77007	2019 Komen Houston Race for the Cure	09/11/18	\$2,096.00	None	
Susan G. Komen	604 Sawyer Street, Ste 201, Houston, TX 77007	2020 Komen Houston Race for the Cure	09/11/18	\$156.00	None	
Susan G. Komen	605 Sawyer Street, Ste 201, Houston, TX 77007	2021 Komen Houston Race for the Cure	09/12/18	-\$2,000.00	None	
Susan G. Komen	606 Sawyer Street, Ste 201, Houston, TX 77007	2022 Komen Houston Race for the Cure	09/30/18	-\$80.00	None	
Susan G. Komen	607 Sawyer Street, Ste 201, Houston, TX 77007	2023 Komen Houston Race for the Cure	10/02/18	\$1,000.00	None	
Susan G. Komen	608 Sawyer Street, Ste 201, Houston, TX 77007	2024 Komen Houston Race for the Cure	04/01/19	-\$2,006.00	None	
World Health Ambassador	7432 Little River Turnpike, Annadale, VA 22003	Donation of money for medical missions	10/12/18	\$10,000.00	None	

SOFA EXHIBIT #10**Cyber Attack Summary**

On December 11, 2019, the PHNH IT system was hit by a ransomware attack. The IT system was located at the PHNH campus in the server room. The virus traveled through the entire IT system including the 1960 Family Practice clinics, business office, ER and multiple other entities since the virus went into the GE (PAC system). Additionally, the tmmsonline.net email system was also compromised and all emails have not been recovered. VasoHealthcare IT was supposed to have maintained our entire network (pharmacies/business office/billing office/clinics/radiology/satellite locations). Everything related to business was completely shut down.

Our cyber insurance policies allowed our insurance company to step in and the carrier paid the ransomware (\$800K plus) and also paid a recovery IT company (outside firm) to recover the damaged IT system. After the insurance investigation was complete, it was determined that one of the computers located at the nurse station (Kim Harrington, CNO of UMMC North) opened an unintended email and the virus spread to all the network systems located at Providence Hospital. UMMC was using our network system through a managed access and service agreement.

After several months, it was determined that only about 50% of the damaged software is recoverable. PHNH has not been able to send out claims and billing has been shut down 100%.

Economic damages have not been determined. The equipment, various IT equipment, and software is the collateral of Independent Bank.

We have provided to the carrier the monies that PHNH has paid as well as vendor invoices that the carrier should pay. PHNH does not have a functioning billing system.

See below a timeline on major events as they occurred as part of the remediation efforts to this ransomware attack. All major systems impacted including, but not limited to, GE Centricity, GE PACS, MedQ, Allscripts, Amkai, CPSI, Mail Server, entire network.

- **12/11/2019:** Ransomware attack happened at 2.00 AM early morning. IT received multiple calls about systems not functioning. Basic troubleshooting was done but the systems remained down. Morning 9.00 AM – IT determined that the systems were hacked.
- **12/12/2019:** Dr. Le contacted carrier. PHNH began working with counsel for insurance carrier and Tracepoint (Insurance IT). Tracepoint came onsite to evaluate the network.
- **12/12/2019:** FBI Cyber Crime Dept. was notified about the incident. FBI came on site to investigate on the attack.
- **3 Weeks post attack:** Tracepoint completed its investigation and sent findings to their headquarters in Washington DC.
- **01/21/2020:** Management contacted Visualutions to evaluate Centricity Application.
- **01/28/2020 – 01/29/2020:** Visualutions came onsite, declared the centricity Database and application files were corrupted beyond repair and need a re-implementation.
- **02/13/2020:** Investigation findings meeting with Tracepoint, Insurance and insurance attorneys. All the findings were mentioned on the call.

SOFA EXHIBIT #10

- **02/27/2020:** Ontrack was contacted to Decrypt the data from the centricity Database. Ontrack sent a quote.
- **04/15/2020:** Carrier released payment to Ontrack for Centricity Data decryption.
- **04/20/2020:** Management contacted MedQ for troubleshooting the corrupt RIS system
- **04/20/2020:** Management contacted GE for troubleshooting the corrupt PACS system
- **04/28/2020:** Contacted Visualutions for Quotes on rebuilding Centricity application
- **05/01/2020:** Received Quote from MedQ. MedQ tried to troubleshoot the system for more than a week after they were contacted to determine if the existing system could be repaired. The system was not responsive and beyond repair. Decision was made to re-implement a new system.
- **05/05/2020:** Received the Decrypted data of Centricity Database from Ontrack
- **05/27/2020:** Received the Quote from GE. GE worked with the IT team for more than a month in troubleshooting the system, understanding the previous workflow and evaluating the current functionality. The system is beyond repair and GE sent a quote to fix the dead system. A part of GE (GE Archive) was acceptable and was not included in the quote.
- **During this Entire process IT has been working to rebuild all the systems that were affected with no patient data loss including all the computers (180) and servers (Active Directory, multiple File Servers, DNS&DHCP Servers, multiple Internal App Servers) and other networking equipment including Firewalls and switches .**

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	SEE ATTACHED SOFA EXHIBIT #13			
	Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

	Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1.	Providence Hospital of North Houston LLC 16750 Red Oak Dr. Houston, TX 77090	Business operations were transferred September 1, 2019 to UMMC	None
		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? <i>Check all that apply:</i> <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Medical Records**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or**

Transfers not already listed on this statement

* Fair market value of the CT on 10/15/2019 was \$80,000. See letter obtained from Titanium Medical Imaging.

** Fair market value for ultrasound on 10/15/19 was \$5,000. See letter from Titanium Medical Imaging

SOFA EXHIBIT #13

BILL of SALE

In consideration of the sum of \$ 1,500,000 ("The Deposit"), the undersigned Providence Hospital of North Houston, LLC, SELLER, hereby sells, assigns and transfers to Doctors Hospital 1997 LP, BUYER, the following property on September 1st, 2019:

Lease of the physical property located at 16750 Red Oak Drive, Houston Texas 77090 (Approximately 55,000 sqft) and any and all contents of the mentioned property as determined and defined in the property lease (eg: signage, alarm system, fixed asset attached to the lease) of the SELLER are hereby transferred in ownership to BUYER.

SELLER extends to BUYER, to assume any and all assets, services agreements, warranties, insurance, and other effects of the business as further defined in the Memorandum of Understanding ("MOU") executed by both parties on August 16, 2019. SELLER and BUYER dually acknowledge that this bill of sale shall be provided to all requesting vendors, lien holders, or other parties with credible interest in SELLER.

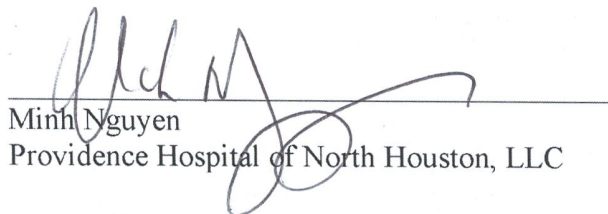
BUYER and SELLER both acknowledge and agree that the MOU defines the purchase terms due to SELLER on or before March 31, 2023. BUYER and SELLER understand and agree that the The Deposit is non-refundable should BUYER fail to meet the obligations as defined by the MOU. BUYER acknowledges that should it fail to meet full obligations as defined by the MOU then SELLER will have right to seek any and all legal remedy.

BUYER and SELLER acknowledge that before full obligations, as defined by the MOU, have been met to SELLER that they have a fiduciary responsibility to continue the operation of the business in good faith and full effort without impediment or disruption.

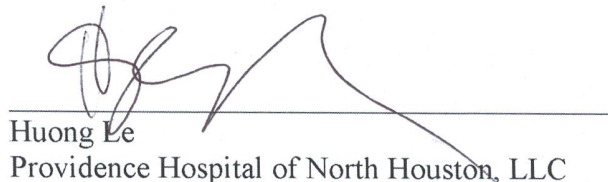
Signed and Sealed this 1st day of September, 2019.



Ravi Mallapuram
Doctors Hospital 1997, LP



Minh Nguyen
Providence Hospital of North Houston, LLC



Huong Le
Providence Hospital of North Houston, LLC

SOFA EXHIBIT #13

Memorandum of Understanding

Memorandum of Understanding (“MOU”) between Doctors Hospital 1997 LP d/b/a United Memorial Medical Center, a Texas limited partnership (“UMMC”) and Providence Hospital of North Houston, LLC a Texas company (“Providence Hospital”), collectively “Parties”.

Dear Ravi Mallapuram:

The following terms outline the understanding regarding the proposed transaction between UMMC and Providence Hospital:

The period of time beginning on September 1, 2019 to the date that an asset purchase agreement between UMMC and Providence Hospital (the “APA”) is executed—to March 31, 2023, the date of closing, the transaction shall be referred to as the “Pre-Closing Period”.

The term “Providence Hospital Location(s)” shall include the following:

- a. 16750 Red Oak Drive, Houston Texas 77090;

During the Pre-Closing Period, UMMC will assume responsibility for the operations and staff of Providence Hospital on the following terms:

1. Employees.

- (a) UMMC will hire physicians and staff of Providence Hospital that, in the discretion of UMMC, are necessary and appropriate to operate the business and service the patients of Providence Hospital. UMMC may make changes to staffing as needed to ensure profitability of Providence Hospital.
- (b) As used herein, the term “**Employee**” means, collectively, each Person, who on the Effective Date of this MOU, is an employee of Providence Hospital and any other person listed on Exhibit A attached hereto who provides services for Providence Hospital.
- (c) On the Effective Date of this MOU, or other date mutually agreed upon to allow for a smooth transition, Providence Hospital will terminate the employment of each of the Employees. UMMC will offer employment to each Employee. As used herein, “**Hired Employee**” means each Employee who accepts UMMC’s offer of employment described above. Notwithstanding the foregoing, nothing in this Agreement will be deemed to require UMMC to retain any Hired Employee for a certain period of time but UMMC must be compliant with the WARN ACT and provide a 60 day notice to those employees being terminated.
- (d) The Hired Employees will be offered employment at a salary comparable to their current salary with Providence. The Hired Employees will be eligible to participate in UMMC’s employee benefit plans in accordance with the terms of such

SOFA EXHIBIT #13

plans as amended from time to time. Hired Employees will be given credit for their existing earned but unused PTO and given credit for their full-time period of employment with Providence Hospital for purposes of determining the amount of paid time off under UMMC's PTO plan and other benefits determined by tenure.

- (e) During the Pre-Closing Period, UMMC shall not relocate any of the Hired Employees from Providence Hospital Locations to any other practice or location, but can rotate them among the Providence Hospital Locations. Providence Hospital will provide a list of employees to UMMC that shall remain at the Providence Hospital Locations throughout the Pre-Closing Period.
 - (f) In the event that UMMC intends to end the employment of a Hired Employee that annually would make \$60,000.00 or more, UMMC will notify Providence Hospital's administrator of the intent to terminate for administrators mutual consent. The administrator for Providence Hospital shall be Stacy Williams. Providence Hospital shall notify UMMC of any change of administrator.
2. UMMC shall deposit to Providence Hospital the amount of one million five hundred thousand dollars and zero cents (\$1,500,000) ("The Deposit"). The parties agree that UMMC will maintain full management authority of Providence Hospital during the Pre-Closing Period. The Deposit shall be paid in three equal payments with the first payment due upon signing and the second payment due on or before the effective date of the Pre-Closing Period and the final payment within 30 days.
 3. UMMC is liable for all operating expenses of the business, including but not limited to salaries, leases, loans, software, supply, insurance and all other expenses required for successful operation. UMMC shall execute a lease/sublease at all Locations where hospital operates. UMMC shall assume the hospital note in the approximate amount of \$5M and Syed Rizwan Mohiuddin agrees to sign a personal guarantee on this loan note (Exhibit B). UMMC will be responsible for all debts and liabilities incurred by its operations beginning September 1, 2019 during the Pre-Closing Period and will retain all accounts receivable and revenues earned for services provided during the Pre-Closing Period until the termination of this Agreement. In the event that the hospital is profitable during the Pre-Closing period then 35% of all profits will be paid to Providence Hospital.
 4. An overhead amount and an overhead cap amount (Overhead) will be established for the hospital and for the clinics and mutually agreed upon by Parties. Overhead will be reviewed on a quarterly basis and changes will be mutually agreed upon by Parties. Once a Location is profitable, and the Overhead has been satisfied for that month, Providence Hospital will withdraw 35% of the profit from UMMC's account that operates that Location. UMMC shall provide written authorization to Providence Hospital that grants irrevocable access and ability to withdraw funds from UMMC's

SOFA EXHIBIT #13

bank account/s that is used in the business operations of the Hospital and clinics For the first quarter of this Agreement, an overhead amount of \$2.2M per month shall be used.

5. Providence Hospital will maintain all patient files and business records of its current business, which will be available to UMMC as needed.
6. The current telephone and fax numbers shall continue to be used for the Providence Hospital and shall not be changed during the Pre-Closing Period. During the Pre-Closing Period, the main phone number shall be the only number used for marketing and advertising purposes and shall be the only number given out and used for scheduling.
7. UMMC will make Providence Hospital an additional site of service under their license. All parties understand and agree to any regulatory requirement required to accomplish this effect (eg Signage must indicate UMMC).
8. UMMC will provide Providence Hospital with real-time, unrestricted access to data or database relevant to the production of Providence Hospital to include but not limited to billing, collections, accounting, bank account, financials and reporting. This access will remain uninhibited and available throughout the Pre-Closing Period.
9. UMMC will not change or utilize different software without mutual consent from Providence Hospital including CPSI, the current EHR and RCM management software of the hospital and clinics.
10. Termination.
 - (a) Providence Hospital will maintain an option, exercisable within the Pre-Closing Period, to terminate this Agreement. The option must be exercised in writing and with at least sixty (60) days' notice. If the sale is terminated, the Lease of the location will also be terminated. UMMC will remain responsible for all obligations incurred starting September 1, 2019 through the Pre-Closing Period, and will retain all revenues and accounts receivables earned, with exception to Section 3 above or otherwise stated herein, , from the effective date of the Pre-Closing Period to the effective date of the termination. If the sale is terminated, Providence Hospital may offer employment to any of the physicians or personnel employed by UMMC beginning September 1, 2019 and throughout the Pre-Closing Period.
 - (b) In the event that Stewart Health, HCA or another potential buyer, requests operational and/or financial data, for the purpose of selling the Providence Hospital, UMMC agrees to provide such data in a reasonable timeframe. The parties agree that this agreement does not prevent Providence Hospital from considering or entering agreement to sell Providence Hospital to any other party. The parties agree that UMMC

SOFA EXHIBIT #13

will be provided first right of refusal to match the offer given by potential buyer and any additional sale terms. The Parties agree that The Deposit and any mutually agreed upon losses will be returned 30-days after closing the sale of Providence Hospital to another party. In the event a sale occurs, UMMC shall additionally be entitled a percentage of the sale price as defined:

Sale Price	Percentage due to UMMC
\$0-\$60,000,000.00	0%
\$60,000,000.01-\$90,000,000.00	10% of the amount above 60M
90,000,000.01+	50% of the amount above 90M

(c) If UMMC pays distributions of \$90M over any period of time while maintaining ownership of Providence Hospital, or offers the difference between \$90M and the profits already paid to Providence Hospital, then Providence Hospital reserves the option to sell the Hospital and Hospital real estate and 1960 Family Practice, PA to UMMC for the difference or no additional monies and will be considered a fair market value purchase.

10. UMMC shall not solicit or hire physicians or employees of Providence Hospital during or after the Pre-Closing Period, except as otherwise provided in this Agreement, or in connection with the closing or termination of the APA, unless UMMC acquires ownership of Providence Hospital. This provision applies to those physicians and employees practicing at the Locations of Providence Hospital, 1960 Family Practice, or 1960 Physician Associates during the Pre-Closing Period.

11. The APA will comply with all applicable legal requirements, including appropriate protections for patient confidentiality and protection of medical records. Protection for the interests of patients shall be paramount. Both parties will be held harmless by the other Party and this MOU will terminate immediately in the event that this agreement does not meet the legal requirements of the State of Texas or either party is the subject of a violation of any state or federal laws.

12. During the Pre-Closing Period, UMMC, its representatives, and agents shall owe a fiduciary duty to Providence Hospital and its members to operate Providence Hospital in good faith and with the utmost business judgment.

13. Immediately upon termination of this Agreement or the APA, UMMC agrees to assign each physicians employment agreement with UMMC that works at a Practice or Hospital Location. from UMMC to Providence Hospital; however, UMMC remains liable for all liabilities and debts incurred under each physician employment agreement prior to the assignment by UMMC. Providence Hospital shall have the option of accepting or refusing each assignment. In the event that one or more of the parties to the physician employment agreement contends that said agreement is unassignable, UMMC agrees to execute a waiver of its right to enforce the non-compete duties for any physician who has been offered employment by Providence Hospital.

SOFA EXHIBIT #13

14. In the event that UMMC's breach of this Agreement leads to the termination of this Agreement, UMMC shall be liable for all direct and indirect damages flowing from UMMC's breach, including but not limited to consequential damages, lost profits, recovery for any diminution in the enterprise value of Providence Hospital, and all attorney's fees, expenses and costs necessary to enforce Providence Hospital's rights under this Agreement. Notwithstanding the foregoing, in the event UMMC breaches this Agreement, Providence Hospital shall have all remedies available at law and equity under the controlling law. UMMC shall have 10 days after it receives notice from Providence Hospital to cure the breach. The below are considered some examples (non-exclusive) of breaches of the Agreement:

- a. Failure to pay lease/rent
- b. Failure to vacate premises upon termination
- c. Failure to comply with licensure requirements and/or regulations
- d. Failure to pay debt service
- e. Failure to pay vendors required for successful operation

In the event this Agreement is terminated by Providence Hospital, Providence will pay UMMC the Deposit amount and any liabilities and expense paid by UMMC for the period prior to the Pre-Closing Period.

15. INDEMNITY: UMMC agrees to DEFEND, INDEMNIFY and HOLD HARMLESS Providence Hospital, its representatives, agents and owners from any and all losses, debts, liabilities, damages, penalties, actions, judgments, suits, costs, obligations or expenses (collectively, the "Losses") related to or arising from UMMC's use, operation or management of one or more of the clinics or hospitals doing business at the Locations during the Pre-Closing Period (excluding any Losses arising from Providence Hospital breach of this Agreement). Providence Hospital agrees to DEFEND, INDEMNIFY and hold HARMLESS UMMC, its representatives, agents and owners from Losses incurred during the Pre-Closing Period.

Signature Page to Follow

This memorandum is an outline of the understanding and intent of both parties. This MOU is intended to be the basis of a final asset purchase agreement, to be drafted and executed, if at all possible, within 10 days of this date.

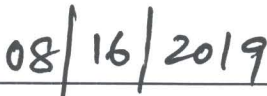
SOFA EXHIBIT #13

IN WITNESS WHEREOF, the parties hereto have executed this Memorandum of Understanding.


Doctors Hospital 1997 LP d/b/a
United Memorial Medical Center,
a Texas limited partnership

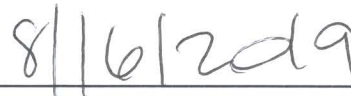


Ravi Mallapuram
Its Managing Director


Date

Providence Hospital of North Houston, LLC
a Texas limited liability company


Huong Le, MD
Its


Date

SOFA EXHIBIT #13

Exhibit A

Hired Employees

SOFA EXHIBIT #13

Exhibit B

LOAN GUARANTY

WHEREAS, this LOAN dated ^{# 6060541 11/20/15}
^{# 6064023 6/23/16}
 (the "Loan") has been executed by
 and between Independent Bank (the "Bank"), and Providence Hospital of North Houston,
 LLC, a Texas limited liability company ("Providence"), covering certain operational
 expenses premises for the business located at 16750 Red Oak Drive, Houston, Texas
 77090 as described in the Loan and,

WHEREAS, Syed Rizwan Mohiuddin, an individual ("Guarantor") agrees to guarantee said
 Loan, on behalf of Providence as a condition to its execution, that the undersigned
 guarantee the full performance of the obligation of Providence under the Loan; and

NOW, THEREFORE, in consideration of the execution of the Loan by Providence,
 the undersigned unconditionally guarantees the full performance of each and all of
 the terms, covenants, and conditions of the Loan to be kept and performed by
 Providence, including the payment of all Loan payments, interest and other charges
 to accrue and be due and payable to Bank hereunder.

The undersigned does hereby further agree that this covenant and agreement on his
 part as Guarantor shall continue in favor of said Bank notwithstanding any
 extension, modification, or alteration of the Loan entered into by and between the
 parties thereto, or their successors or assigns, and notwithstanding any assignment
 of the Loan with or without the consent of Bank, and no extension, modification,
 alteration, or assignment of the Loan shall in any manner release or discharge the
 undersigned, who does hereby consent thereto.

The undersigned does hereby waive notice of any demand by Bank, as well as any
 notice of non-payment, excepting such notices as may be specifically provided in
 the Loan to be served upon Providence.

SOFA EXHIBIT #13

If Providence terminates the APA with guarantor, without cause, this guaranty shall also terminate on said date but shall still be binding and in effect for all Providence obligations prior to the termination date.

The terms and provisions of this Guaranty shall be binding upon and inure to the benefit of the respective heirs, administrators, executors, and successors and assigns of the parties herein named.

IN WITNESS WHEREOF, the undersigned Guarantors have caused this Guaranty to be executed this 16th day of August, 2019.

GUARANTOR: Syed Rizwan Mohiuddin, an individual

By: 

Name: Syed Rizwan Mohiuddin

Address: _____

Phone: _____

SS#: _____

DL#: _____

DOB: _____

SOFA EXHIBIT #13**Managed Access and Service Agreement**

This Managed Access and Service Agreement (the "Agreement") is made effective as of September 16, 2019 ("Effective Date") by and between Doctors Hospital 1997 LP dba United Memorial Medical Center ("UMMC") and Allergy of Texas PLLC, dba Medical Care of Texas ("Service Provider").

Whereas, Service Provider controls and manages the network and owns the equipment and applications including but not limited to the infrastructure, domains, phone system, interfaces, and administration (the "Network") provided to the following locations where UMMC subleases space or provides management or operational services (the "Locations"):

1960 Physician Associates

1960 Family Practice

1960 Digital Imaging

Providence Hospital of North Houston

TMMS

Whereas, UMMC desires limited access to the Network to provide basic day to day management to the Locations under the general management and control of Service Provider.

Whereas, Service Provider agrees to grant limited access to UMMC under the terms and conditions below.

Terms of Access:

- a) UMMC shall provide Service Provider all existing usernames and passwords created for any service, device, domain, website, account or application relating to or residing on or accessed through the Network.
- b) UMMC shall provide Service Provider keys and/or access codes for all server rooms or other rooms/locations where Network equipment is kept and shall not change locks or access codes without Service Providers written approval.
- c) UMMC shall not deny or restrict Service Provider from accessing any of the Network equipment at the Locations including but not limited to the server rooms, PACS and RIS.
- d) UMMC shall not create or change, modify, delete, remove or add anything on the Network without Service Providers written approval including but not limited to the infrastructure, passwords, paths, and applications. The Network shall remain intact and operational at all times (within reason) and UMMC shall not cause unwarranted disruption or irreparable harm or any malice action to the Network during or upon termination of this Agreement.
- e) UMMC shall look to Service Provider ONLY for any requests for services outside of the scope of UMMC's limited access and shall not under any circumstance contact or attempt to circumvent an outside vendor in reference to the Network without Service Providers written approval including but not limited to VasoTechnology aka Netwolves, phone, application and internet vendors.
- f) UMMC shall not under any circumstance physically remove or relocate any equipment of Service Provider.

SOFA EXHIBIT #13

- g) UMMC shall pay Service Provider \$2,400.00 a week for its access and the Management of the Network. UMMC shall be invoiced monthly and shall pay upon receipt of invoice.
- h) UMMC shall pay Service Provider costs associated with the Network done at the request of UMMC. UMMC shall pay upon receipt of invoice.
- i) UMMC shall pay invoices on a Net15 from the invoice date. Any payment not received when due will be subject to a late fee of 6% that shall accrue each month on the outstanding balance until paid in full. Service Provider reserves the right to require payment in advance from UMMC prior to any service being provided or to disable access until balance is paid in full. An additional service fee of \$250.00 per disabled user, will be due and payable, in advance, prior to enabling access (up to a maximum of \$2,500.00 per event).
- j) UMMC shall be liable for any damages caused by the negligence or breach of its staff with the intention of causing harm to the Network or Service Provider.
- k) UMMC shall provide its employees that will be accessing the Network a copy of this Agreement or at minimum a copy of the Terms of Access.
- l) UMMC shall maintain strict confidentiality of all information accessed through Network and abide by all HIPAA laws.

Description of Services:

Service Provider will oversee the daily IT operations of UMMC including managing requested technology changes by UMMC, granting of access, minor modifications, assisting with troubleshooting and resolution, remote assistance, phone and email support and onsite support, if needed and at the discretion of Service Provider.

Business Hours:

Normal service hours will be from 9:00 am to 5:00 pm Monday through Friday except on holidays. Emergency support services will be available outside of normal business hours and weekends and will be billed at the afterhours support rates.

Disclaimer:

Service Provider shall not be liable for any causes that result in downtime, loss of use, loss of revenue, or other negative impact including, but not limited to, terrorist acts, natural catastrophe, negligence, fire, flood or other act of God, and/or power failure, virus propagation, or improper use of the Network. Service Provider makes no warranty, express or implied, to meet any expectation, provide any services or allow any access. In no event shall Service Provider or any of its Directors, Employees or Other Representatives be liable and express no warranty for consequential damages of any kind including, without limitations, those resulting from loss of data, loss of use, income, profit, and on any theory of liability, arising out of or in connection with the services or use thereof even if it has been approved by Service Provider. Service Provider reserves the right to decline a request, from UMMC, for changes to the Network. Service Provider reserves the right to suspend or terminate this Agreement, with or without cause, in its sole discretion, without notice.

SOFA EXHIBIT #13**Breach:**

The breach or threatened breach by UMMC of the terms and conditions of this Agreement entitles Service Provider to a permanent injunction or other equitable relief in order to prevent or restrain any such breach or threatened breach by UMMC or its members, manager, officers, employees, independent contractors, representatives or any and all persons or entities directly or indirectly acting for or with UMMC. The rights and remedies of the Service Provider under this Agreement shall be in addition to, and not in limitation of, any of the rights, remedies or damages available to it at law or in equity. UMMC further acknowledges and agrees that Service Provider will suffer substantial injury as a result of UMMCs breach of this Agreement. While the precise amount and extent of such damage is not readily ascertainable, UMMC acknowledges that Service Provider could incur significant damages that could include loss or revenue, loss of profit, loss of access, loss of business and loss of ability to operate.

Term:

This Agreement shall be effective for a (3) month period commencing on the Effective Date and shall automatically renew for additional one-month periods on each anniversary of the Effective Date. UMMC shall terminate this Agreement at any time by providing at least two (2) weeks' written notice to Service Provider. Service Provider shall have the right to terminate this Agreement immediately with cause including breach of this Agreement.

Effect of Termination:

Upon termination of this Agreement for any reason or cause whatsoever, UMMC will immediately surrender to Service Provider any property or proprietary information in the possession of UMMC at the time of termination, including equipment, software, keys, usernames and password. Termination of the Agreement will not release or discharge UMMC from any obligations, debts, liability or damages which will have previously accrued.

Confidentiality:

UMMC will be exposed and have access to information that is confidential. Confidential information shall be defined as any non-public information that is not owned, created or generated by UMMC that is stored, created or accessed through or on the Network.

HIPAA:

UMMC shall comply with all applicable law governing the confidentiality, privacy and security of all medical records or other health-related information that UMMC or its employees or agents may have access to on the Network. UMMC shall comply with the Health Insurance Portability and Accountability Act of 1996 and all implementing regulations issued pursuant thereto, as may be amended from time to time and shall execute and deliver a HIPAA Business Associate Agreement to Service Provider.

This Agreement constitutes the complete and exclusive agreement of the parties with respect to the services contemplated and supersedes all prior oral and written agreements, understanding, and communications between the parties regarding services and access.

SOFA EXHIBIT #13

IN WITNESS WHEREOF, the Parties have duly executed this Agreement on the ____ day of ____, 2019, to be effective as set forth herein.

UMMC

United Memorial Medical Center Physicians
Group, PLLC

By: M. Ram
RAVISHANKER MALLAPURAM
Title: DIRECTOR

Service Provider

Allergy of Texas PLLC, dba Medical Care of Texas

By: Stacy Williams
Stacy Williams
Title: CBO

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	JPMorgan Chase Bank, N.A. PO Box 182051 Columbus, OH 43218-2051	XXXX-6585	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other____	08/11/20	\$100,000.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	---	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Iron Mountain 202 W. 38th St. Houston, TX 77018	Arin Tijerina Cheryl Mallams Hazel Uy Patricia McConnell	647 Boxes of Records; Storage prepaid through 12/31/20	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
-----------------------	-------------------------------------	--

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Paul Hanson 1126 Wentworth Dr Pearland, TX 77584	11/05/18 - 02/01/19
26a.2. Hemant Khemka 20406 Knolls Spring Trail Katy, TX 77450	05/01/18 - 08/03/20
26a.3. Bobbi Nguyen 777 Preston St 37B Houston, TX 77002	11/30/17 - 11/08/18

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

Name and address		Date of service From-To
26a.4.	Maryan Hasan-Lawal 22306 Davenport Downs Ln Richmond, TX 77469	02/13/19 - 005/03/19
26a.5.	Kelli Bullock 8614 Spring Green Dr Houston, TX 77095	10/15/18 - 09/03/19
26a.6.	Patricia McConnell 16711 Saint Johns Wood Dr. Tomball, TX 77377	12/01/17 - current
26a.7.	Grant Lerette 5903 Madrone Meadow Dr. Katy, TX 77494	02/28/18 - 09/11/18
26a.8.	Keesha Williams 14 Wolly Bucket Pl Spring, TX 77380	10/30/18 - 02/22/19
26a.9.	Marita Reyes 20310 Tarpon Bay Ln. Cypress, TX 77433	12/18/17 - 06/15/19
26a.10.	Denise Taylor 2400 Spring Ran Dr. Apt. #1234 Spring, TX 77379	04/19/18 - 03/25/19
26a.11.	Sara Dada 13427 Amber Queen Lane Houston, TX 77041	04/30/19 - 07/23/19
26a.12.	Aileen Hazel Rigor Uy 20314 Tarpon Bay Ln Cypress, TX 77433	05/15/18 - current
26a.13.	Guadalupe Garza 16134 Sweetwater Fields Ln Tomball, TX 77377	08/12/19 - 09/03/19
26a.14.	Rosie Tolson 2414 Cactus Bend Dr Humble, TX 77396	04/02/19 - 04/25/19
26a.15.	Alfleta Bowman 116 Clear Springs Dr Montgomery, TX 77356	02/15/16 - 06/14/19
26a.16.	Monica Harville 7202 Barker Cypress Rd. #11104 Cypress, TX 77433	06/06/17 - 09/05/19
26a.17.	Ayeasha Graham 11315 Bethnal Green Dr Houston, TX 77066	02/10/19 - 06/24/19

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Debtor **Providence Hospital of North Houston LLC**

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Name and address	Date of service From-To
26b.1. Bentley Bratcher & Associates, P.C. 515 W Greens Rd Houston, TX 77067	08/01/2018 - current

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Patricia McConnell 16711 Saint Johns Wood Dr. Tomball, TX 77377	
26c.2. Greg Bratcher 515 W Greens Rd. Houston, TX 77067	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address
26d.1. Independent Financial (formerly Independent Bank) 1051 FM 1960 West Houston, TX 77090
26d.2. Canon Financial Services 158 Gaither Dr Mount Laurel, NJ 08054

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
--	-------------------	---

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Huong Le Nguyen	50 Palmer Crest Dr. Spring, TX 77381	Managing Member	50%
Name	Address	Position and nature of any interest	% of interest, if any
Minh Chi Nguyen	50 Palmer Crest Dr. Spring, TX 77381	Managing Member	50%
Name	Address	Position and nature of any interest	% of interest, if any
Stacy Williams	19302 Chateau Ridge Ct. Tomball, TX 77377	CBO	0%

Debtor **Providence Hospital of North Houston LLC**

Case number (if known) _____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Hemant Khemka	20406 Knolls Spring Trail Katy, TX 77450	VP of Finance	02/01/19 - 08/03/20
Belinda Simpson	19908 Cullen Ridge Dr Porter, TX 77365	CEO/COO	04/08/19 - 09/03/19
Kimberly Harrington	727 Vicksburg Court Conroe, TX 77302	CNO	01/10/19 - 09/03/19

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Huong Le Nguyen 50 Palmer Crest Dr. Spring, TX 77381	\$27,000	10/1/19	Clinical lab consultant services from 08/01/2016 - 08/01/2019
Relationship to debtor Managing Member			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Providence Hospital Holdings, LP	EIN: 36-4833856

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

Debtor **Providence Hospital of North Houston LLC**

Case number (if known)

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **August 21, 2020****/s/ Huong Le Nguyen**

Signature of individual signing on behalf of the debtor

Huong Le Nguyen

Printed name

Position or relationship to debtor **Managing Member**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of Texas

In re Providence Hospital of North Houston LLC

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>40,000.00</u>
Prior to the filing of this statement I have received	\$	<u>40,000.00</u>
Balance Due	\$	<u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
2004 examinations, motions for turnover, depositions, relief from the automatic stay, avoidable transfers, prosecution or defense of any other claims under state or federal law, objections to exemptions

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

8/21/20
Ronald J. Sommers 18842500

Signature of Attorney

Nathan Sommers Jacobs, A Professional Corporation
2800 Post Oak Blvd., 61st Floor
Houston, TX 77056
713-960-0303 Fax: 713-892-4800
Name of law firm

United States Bankruptcy Court
Southern District of Texas

In re Providence Hospital of North Houston LLC

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: August 21, 2020


/s/ Huong Le Nguyen

Huong Le Nguyen/Managing Member
Signer/Title

1960 Family Practice, P.A.
5037-B FM 2920
Spring, TX 77388

1960 Physician Associates
837 FM Cypress Creek Ste 105
Houston, TX 77090

AADCO Medical, Inc.
PO Box 410
Randolph, VT 05060

Abbott Laboratories
22400 Network Place
Chicago, IL 60673-1224

Abbott Vascular
75 Remittance Dr Ste 1138
Chicago, IL 60675-1138

Ability Network, Inc.
PO Box 856015
Minneapolis, MN 55485-6015

Accountable Healthcare Staffing, Inc.
c/o Jon Totz
Totz Ellison & Totz, P.C.
2211 Norfolk, Suite 510
Houston, TX 77098

Acumed LLC
7995 Collection Center Dr
Chicago, IL 60693

Aesculap Implant Systems, LLC
PO Box 780391
Philadelphia, PA 19178-0391

Aetna, Inc.
PO Box 784836
Philadelphia, PA 19178-4836

AFLAC
1932 Wynnton Rd
Columbus, GA 31999

Allergan USA, Inc.
12975 Collections Center Dr
Chicago, IL 60693-0129

Allosource
PO Box 801020
Kansas City, MO 64180-1020

Amazon Capital Services
PO Box 035184
Seattle, WA 98124-5184

AMB Services, Inc.
22203 N Lake Village Dr
Katy, TX 77450

AMB Services, Inc.
c/o Wong Fleming
77 Sugar Creek Center Blvd Ste 401
Sugar Land, TX 77478

Ambiorix, LLC
PO Box 620
Toledo, OH 43697

American College of Radiology
1891 Preston White Dr
Reston, VA 20191

American Elevator Inspections
PO Box 2709
Baytown, TX 77522

American Proficiency Institute
Department 9526
PO Box 30516
Lansing, MI 48909-8016

American Surgical Development
19820 N 7th Ave, Ste 230
Phoenix, AZ 85027

AmkaiSolutions
555 NorthPoint Center East
Ste 300
Alpharetta, GA 30022

Angiodynamics, Inc.
PO Box 1549
Albany, NY 12201-1549

Applied Stattistics & Management, Inc.
PO Box 2738
Temecula, CA 92593

Aquarium Creations
16753 Donwick Dr Ste C7-C8
Conroe, TX 77385

ArbiMed Inc.
6229 Theall Rd Ste C
Houston, TX 77066

Arrow International, Inc.
PO Box 60519
Charlotte, NC 28260

Arthrex, Inc.
PO Box 403511
Atlanta, GA 30384-3511

Asahi Intec USA, Inc.
3002 Dow Ave., Ste 212
Tustin, CA 92780

Ascend National LLC
5380 W 34th St #288
Houston, TX 77092

Authorized Inspection Assoc.
14531 FM 529 Ste 135
Houston, TX 77095

Avanos Medical Sales, LLC
PO Box 732583
Dallas, TX 75373-2583

Avant Solutions
29015 Japonica
San Antonio, TX 78260

Axis Neuromonitoring, LLC
c/o William J. Garrison
Garrison P.C.
4514 Cole Ave., Suite 600
Dallas, TX 75205

BBC Biochemical
PO Box 1320
Mount Vernon, WA 98273

BeaconMedaes
Dept. 3234 (Lockbox)
PO Box 123234
Dallas, TX 75312-3234

Behavioral Health Connections
Attn: Accounting
6500 Hornwood Dr
Houston, TX 77074

Bell Medical, Inc.
PO Box 771470
Saint Louis, MO 63177

Best Choice Anesthesia and Pain Services
7010 Chapions Placa Dr #300

BKD LLP
510 N Valley Mills Dr Ste 200
Waco, TX 76710

Boston Scientific Corporation
PO Box 205651
Dallas, TX 75320-5651

Bracco Diagnostics, Inc.
PO Box 978952
Dallas, TX 75397-8952

Buckeye Cleaning Center
16420 W Hardy Rd Ste 150
Houston, TX 77060-6243

C.R. Bard Inc.
PO Box 75767
Charlotte, NC 28275

Campos, Jose
3913 Mossy Oaks Rd E
Spring, TX 77389

Canon Financial Services, Inc.
1000 Howard Blvd., Ste 103
Mount Laurel, NJ 08054

Canon Financial Services, Inc.
158 Gaither Dr
Mount Laurel, NJ 08054

Canon Financial Services, Inc.
c/o Padfield & Stout, LLP
1136 N. Kirkwood Rd
Houston, TX 77043

Canon Medical Systems USA, Inc.
PO Box 775220
Chicago, IL 60677

Canon Medical Systems USA, inc.
2441 Michelle Dr
Tustin, CA 92780

Canon Medical Systems USA, inc.
c/o Padfield & Stout, LLP
1136 N. Kirkwood Rd
Houston, TX 77043

Canon Medicaly Systems US, Inc.
PO Box 775220
Chicago, IL 60677

Cardinal Health
c/o Bank of America Lockbox
5303 Collections Center Dr
Chicago, IL 60693

Cardinal Health
7000 Cardinal Place
Dublin POH 43017

Cardinal Health Medical Products & Svcs
PO Box 730112
Dallas, TX 75373

Cardiovascular Systems, Inc.
Dept. CH 19348
Palatine, IL 60055

Cerner Corporation
PO Box 959156
Saint Louis, MO 63195-9156

Change Healthcare, LLC
3055 Lebanon Pike
Nashville, TN 37214

Change Healthcare, LLC
c/o Rauch-Milliken International, Inc.
4400 Trenton St
Metairie, LA 70006

Checkpoint Surgical
22901 Millcreek Blvd, Ste 360
Beachwood, OH 44122

COLA
9881 Broken Land Pkwy Ste 200
Columbia, MD 21046

College of American Pathologists
PO Box 71698
Chicago, IL 60694-1698

CompuGroup Medical US
10065 Red Run Blvd Ste 150
Owings Mills, MD 21117-5566

Cook Medical
22988 Network Place
Chicago, IL 60673-1229

Cooper Surgical, Inc.
PO Box 712280
Cincinnati, OH 45271-2280

CPSI
PO Box 850309
Mobile, AL 36685-0309

Craneware, Inc.
po Box 934241
Atlanta, GA 31193-4241

Cypress Creek ER of Harmony
5037-B FM 2920
Spring, TX 77388

Cypress Creek ER, PLLC
5037-B FM 2920
Spring, TX 77388

DCIDS Tissue Bank
1600 Hayes St Ste 300
Nashville, TN 37203

DePuySynthes
1302 Wrights Lane East
West Chester, PA 19380

Digital Imaging
5037-B FM 2920
77388

Discount Print
10730 Barker Cypress Rd Ste C
Cypress, TX 77433

Diversatek Healthcare, Inc.
27270 Network Place
Chicago, IL 60630

DJO Surgical
PO Box 660125
Dallas, TX 75266

Doctor's Hospital 1997 LP
dba United Memorial Medical Center
510 W Tidwell Rd
Houston, TX 77091

Dozier, Jeremy
17811 N Ble Heron Cir
Montgomery, TX 77316

Echo Communications, Inc.
12703 Veterans Memorial Dr Ste 200
Houston, TX 77014

Enhanced Revenue Solutions LLC
25700 I45 North Ste 120
Spring, TX 77386

Enterprise Laboratory Consultation, LLC
3157 Shoreline Dr
Burleson, TX 76028-8312

eVisit
1201 S. Alma School Rd, Ste 15500
Mesa, AZ 85210

Experian Health, Inc.
c/o Experian
PO Box 886133
Los Angeles, CA 90088-6133

FedEx Freight Dept. Ch
PO Box 10306
Palatine, IL 60055-0306

Fidia Pharma USA
PO Box 10341
Uniondale, NY 11555-1034

Filter Technology
9018-B Sranon
Houston, TX 77075

Fire Safe Protection Services, LP
PO Box 1759, Dept 620
Houston, TX 77251

Fisher & Phillips LLP
1075 Peach Tree St NE
Ste 3500
Atlanta, GA

Fisher Healthcare Acct #075180-001
PO Box 404705
Atlanta, GA 30384

FM 1960 Medical Village II LP
20320 Northwest Frwy, Ste 900
Houston, TX 77065

FM 1960 Medical Village II, LP
5037B FM 2920
Spring, TX 77388

Fortis Surgical Solutions
c/o Stromberg Stock PLLC
8750 North Central Expressway, Suite 625
Dallas, TX 75231

Fortis Surgical Solutions, LLC
7219 Emerald Glen Dr
Sugar Land, TX 77479

FP Mailing Solutions
140 N Mitchell Ct Ste 200
Addison, IL 60101-5624

Fresenius Medical Care
Houston Acutes
North 16343 Collections Center Dr
Chicago, IL 60693

Gary E. Patterson, PC
PO Box 52159
Houston, TX 77052

GCS Backflow Services, Inc.
8524 Highway 6 North #274
Houston, TX 77095

GE Healhtcare
PO Box 640200
Pittsburgh, PA 15264-0200

GenProbe Instruments
10210 Genetic Center
San Diego, CA 92121

Genzyme Corporation
62665 Collections Center Dr
Chicago, IL 60693

Getinge USA Sales, LLC
PO Box 775436
Chicago, IL 60677-5436

GI Supply, Inc.
PO Box 45730
Baltimore, MD 21297-5730

Globonics LLC
337 Garden Oaks Blvd #64830
Houston, TX 77018

Globonics, LLC
c/o Kara Stauffer
Alvarez Stauffer Bremer PLLC
815 Walker St., Suite 1450
Houston, TX 77002

Gold Standard Diagnostics Corp.
PO Box 11407
Dept #5907
Birmingham, AL 35202-1407

Grainger
Dept 886535853
PO Box 419267
Kansas City, MO 64141-6267

Guardian Safe & Lock
28155 Tomball Pkwy, Ste 6B
Tomball, TX 77375

Gulf Coast Regional Blood Center
Attn: Elaine Gumabong
1400 La Concordia
Houston, TX

Harris County Clerk
201 Caroline St, 4th Fl
Room 460
Houston, TX 77002

HDP Investments, Inc.
921 Cypress Creek Pkwy, Ste 122
Houston, TX 77090

HealthStream, Inc.
PO Box 102817
Atlanta, GA 30368-2817

Healthtronics Mobile Solutions
PO Box 95333
Grapevine, TX 76099

Henry Schein, Inc.
Dept CH 10241
Palatine, IL 60055-0241

Henry Schein, Inc.
Dept CH 10241
Palatine, IL 60055

Henry Schein, Inc.
c/o Freedman & Price, P.C.
1102 West Ave., Ste 200
Austin, TX 78701

Highland Capital Corporation
5 Center Ave
Little Falls, NJ 07424

Houston Endoscopic Solutions
220 Barren Springs Dr. #14
Houston, TX 77090

Hunter Pharmacy Services
PO Box 30573
Austin, TX 78755

Hunter Pharmacy Services, Inc.
c/o Aaron Charles de la Garza
Aaron C. De La Garza, PLLC
509 West 18th St
Austin, TX 78701

Huong Le Nguyen
50 Palmer Crest Dr.
Spring, TX 77381

Huong Le Nguyen
50 Palmer Credit Dr.
Spring, TX 77381

iMedical, inc.
1153 SE Century Dr
Lees Summit, MO 64081

Independent Financial
formerly Independent Bank
PO Box 3035
McKinney, TX 75070

Innovative Office Machine Repair
17422 Edenway Dr #100
Spring, TX 77379

Integra Lifesciences
PO Box 404129
Atlanta, GA 30384-4129

Invivo Corporation
PO Box 100355
Atlanta, GA 30384-0355

iRCODER
3355 Lenox Rd Ste 242
Atlanta, GA 30326-1332

J&J Healthcare Systems, Inc.
PO Box 406663
Atlanta, GA 30384-6663

Jason's Deli
PO Box 4869
Dept 271
Houston, TX 77210-4869

Joint Restoration Foundation
PO Box 845549
Kansas City, MO 64184-3549

Kentech, Inc.
PO Box 3022
Humble, TX 77347

Key Surgical, Inc.
Attn: Accounts Receivable
PO Box 74809
Chicago, IL 60690-7211

Label Arts, LLC dba Labelmart
PO Box 775218
Chicago, IL 60677

Language Line Services, Inc.
PO Box 202564
Dallas, TX 75320-2564

Le Nguyen Family, L.P.
50 Palmer Crest Dr.
Spring, TX 77381

Lighthouse Services, Inc.
1710 Walton Rd Ste 204
Blue Bell, PA 19422

LipoSales
170-9 Central Ave
Farmingdale, NY 11735

Lone Star Communications
4210 South Dr
Houston, TX 77053-4811

LSI Solutions, Inc.
PO Box 205099
Dallas, TX 75320

Luby's FuDDRuckers Restaurants, LLC
PO Box 202183
Dallas, TX 75320

M2 Lease Funds, LLC
175 N. Patrick Blvd., Ste 140
Brookfield, WI 53045

M2 Lease Funds, LLC
c/o Davis Kuelthau, S.C.
11 E. Kilbourn Ave., Ste 1400
Milwaukee, WI 53202

Mahendru, PC
639 Heights Blvd
Houston, TX 77007

Maine Standards
221 US Route 1
Cumberland Foreside, ME 04410

Mako Surgical Corp.
2555 Davie Rd.
Fort Lauderdale, FL 33317

Mangini-Lakhia Pathology Laboratory
1140 Business Center Dr, Ste 370

MBB Neuromonitoring
Vilma Wheeler
4708 Plum Forest Rd
Houston, TX 77084

McKesson Medical Surgical
PO Box 660266
Marietta, TX 75566-0266

McKesson Medical Surgical
PO Box 660266
Dallas, TX 75266

MD Resource Corporation
5981 Graham Ct
Livermore, CA 94550

MedGas By Design, LLC
24200 Southwest Fwy Ste 402-261
Rosenberg, TX 77471

Medical Care of Texas
5037-B FM 2920
Spring, TX 77388

Medical Protective
PO Box 15021
Fort Wayne, IN 46885-5021

Medical Solutions LLC
PO Box 310737
Austin, TX 78755

Medivators, Inc.
NW 9841
PO Box 1450
Minneapolis, MN 55485

Medline Industries, Inc.
Dept. 1080
PO Box 121080

Medline Industries, Inc.
c/o Michael S. Baim
The CKB Firm
30 North LaSalle St, Ste 1520
Chicago, IL 60602

MedSphere Systems Corporation
135 N Los Robles Ave
Ste 600
Pasadena, CA 91101

Medsphere Systems Corporation
c/o Jon Stenquist
Parsons Behle & Latimer
350 Memorial Dr., Ste 300
Idaho Falls, ID 83402

Medtronic USA, Inc.
PO Box 848086
Dallas, TX 75284-8086

MedUSA Group, LLC
17304 Preston Rd, Ste 800
Dallas, TX 75252

Merit Medical Systems, Inc.
PO Box 204842
Dallas, TX 75320

Merry X-Ray Corporation
4909 Murphy Canyon Rd
Ste 120
San Diego, CA 92123

Mettler-Toledo Rannin, LLC
27006 Network Place
Chicago, IL 60673-1270

MicroAire
Lock Box 96565
Chicago, IL 60693

Microsoft
One Microsoft Way
Redmond, WA 98052

Millennium Surgical Corp.
PO Box 775385
Chicago, IL 60677-5385

Mindray DS USA, Inc.
24312 Network PL
Chicago, IL 60679-1234

Minh Chi Nguyen
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Misonix, Inc.
1938 New Highway
Farmingdale, NY 11735

Mizuho Orthopedic Systems, Inc.
30031 Ahern Ave
Union City, CA 94587-1234

Modular Systems & Installation Services
11225 Neeshaw
Houston, TX 77065

My Office Products
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New York, NY 10087-2192

NeoGenomics Laboratories, Inc.
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Orlando, FL 32886-4110

Neuronetics
32222 Phoenixville Pke
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Neuronetics
c/o Javitch Block LLC
1100 Superior Ave., 19th FL
Cleveland, OH 44114

Nicka & Associates, Inc.
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McKinney, TX

Northside Pathology Group, PLLC
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Houston, TX

Nova Strategic Solutions
PO Box 12204
Spring, TX 77391

Nuance Communications, Inc.
PO Box 7247-6924
Philadelphia, PA

NuTech, Inc.
1301 Clinic Dr
Tyler, TX 75701

OHK Medical Device, Inc.
2885 Sanford Ave SW #14751
Grandville, MI 49418

Olympus America Inc.
PO Box 120600
Dept. 0600
Dallas, TX 75312-0600

Olympus America, Inc.
Dept. 3595
PO Box 123595
Dallas, TX 75312-3595

Omnnicell, Inc.
PO Box 204550
Dallas, TX 75320-4650

One Stop Print Shop
3033 Cypress Creek Pkwy
Houston, TX 77068

Oppor Infrastructure
4425 Indian Creek Pkwy
Overland Park, KS 66207

Organogenesis, Inc.
Dept. 2542
PO Box 122542
Dallas, TX 75312-2542

Orion Laboratory Solutions LLC
835 E Lamar Blvd #132
Arlington, TX 76011

Ortho Clinical Diagnostics
PO Box 3655
Carol Stream, IL 60132-3655

Ortho-Clinical Diagnostics, Inc.
1001 US Highway 202
Raritan, NJ 08869

Osteomed LLC
2241 Collection Center Dr
Chicago, IL 60693

Pappa Johns Houston Pizza Venture
13131 Champions Dr, Ste 110
Houston, TX 77069

ParMed Pharmaceuticals
PO Box 90272
Chicago, IL 60696-0272

Parts Source
PO Box 645186
Cincinnati, OH 45264-5186

Patient Choice Coalition
PCCOT PO Box 278
League City, TX 77574

PegEX
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Madison, WI 53711

PenRad Technologies, Inc.
114 Commerce Circle
Buffalo, MN 55313

PG Lifelink
167 Gap Way
Erlanger, KY 41018

Phadia US, Inc.
PO Box 741760
Atlanta, GA 30374-1760

PharMEDium Services, LLC
39797 Treasury Center
Chicago, IL 60694-3900

PHNH Physician Associates, PLLC
5037-B FM 2920
Spring, TX 77388

Physician's Alliance of Red Oak
5037-B FM 2920
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Praxair Distribution, Inc - 4276
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Dept 0812
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Praxair Distribution, Inc.
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Milwaukee, WI 53288-0335

Prince Food Systems, Inc.
11001 S Wilcrest Dr, Ste 200
Houston, TX 77099

Prince Food Systems, Inc.
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Proficient Services
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ProHealth Staffing LLC
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San Francisco, CA 94120

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Spring, TX 77388

Providence ER of Spring, PLLC
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Spring, TX 77388

QIAGEN, Inc.
PO Box 5132
Carol Stream, IL 60197-5132

Rad Leasing Company II LP
5037 B FM 2920
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Radiation Detection Company, Inc.
3527 Snead Dr
Georgetown, TX 78626

Reinvent Biologics LLC
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Rodom Medical Consulting PA
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3807 Collections Center Dr
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Simpex Medical
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SJ Associated Pathologists
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Houston, TX 77242-0150

Skye Orthobiologics
2255 Campus Dr
El Segundo, CA 90245

Smith & Nephew, Inc.
PO Box 205651
Dallas, TX 75320-5651

Solstice Corporation
PO Box 1177
Portland, ME 04104

Southwest Regional PCR, LLC
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Orlando, FL 32827

SPBS, Inc.
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Flower Mound, TX 75028

Staples Business Credit
PO Box 105638
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StatLab Medical Products
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Dallas, TX 75267-8056

STERIS Corporation
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Stryker Instruments
PO Box 70119
Chicago, IL 60673-0119

Stryker Orthopaedics
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Chicago, IL 60673-3213

Stryker Sales Corp.
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Chicago, IL 60673

Sunbelt Rentals, Inc.
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Surgilogix
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Syed Rizwan Mohiuddin
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TD Industries, Inc.
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Terumo Medical Corporation
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Irving, TX 75063

Texas Dept. of State Health
Architectural Review Group
PO Box 149347
Austin, TX 78714-9347

Texas Lithotripsy LP VIII
PO Box 953333
Grapevine, TX 76099

Texas Managerial Medical Services, LLC
5037-B FM 2920
Spring, TX 77388

Texas Medicaid & Healthcare Partnership
Accounts Receivable
PO Box 202948
Austin, TX 78720-2948

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5037B FM 2920
Spring, TX 77388

The Bug Stoppers
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Spring, TX 77387-8998

ThyssenKrupp Elevator Corp.
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Atlanta, GA 31193-3004

Tissue Regenix Wound Care, Inc.
PO Box 841379
Dallas, TX 75284

Titan Spine
6410 West Executive Dr Ste A
Thiensville, WI 53092

TMMS Staffing, LLC
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Spring, TX 77388

Tornier, Inc.
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Toshiba Medical System
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Tustin, CA 92780

Toshiba Medical Systems
2441 Michelle Dr
Tustin, CA 92780

Toshiba Medical Systems
c/o Padfield & Stout
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Tri-State Lithotripsy III, L.P.
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Pampa, TX 79066

Tritin Medical Distribution
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Dallas, TX 75234-7868

TWI Service, Inc.
PO Box 520117
Longwood, FL 32752

TZ Medical, Inc.
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Ste 150
Portland, OR 97224

ULINE
Attn: Accounts Receivable
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Ultimate Biomedical Solution LLC
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Magnolia, TX 77354-2526

Ultimate Medical Services, Inc.
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Lake Charles, LA 70615

USMED-EQUIP
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Houston, TX 77241

VasoHealthcare IT Corp.
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Tampa, FL 33634

VasoHealthcareIT Corp.
4710 Eisenhower Blvd Ste E-8
Tampa, FL 33634

Venture Development
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Carmel, IN 46032

Vista Printing
395 Olive Ave
Vista, CA 92083

Vista Printing
c/o Wells & Cueller
440 Louisiana, Ste 718
Houston, TX 77002

Viventi Med, LLC
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Spring, TX 77388

W.L. Gore & Assoc., Inc.
PO Box 751331
Charlotte, NC 28275

Wells Johnson Company
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Tucson, AZ 85731-8230

Werfen USA LLC
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Wound Care Innovations, LLC
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Fort Worth, TX 76102-4407

Wright Medical Technology, Inc.
PO Box 503482
Saint Louis, MO 63150-3482

Z-Medica, LLC
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Zavation Medical Products, LLC
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Zimmer
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Zimmer Knee Creations
14235 Collection Center Dr
Chicago, IL 60693

Zimmer US, Inc.
200 West Ohio Ave
Dover, OH 44622

**United States Bankruptcy Court
Southern District of Texas**

In re **Providence Hospital of North Houston LLC**

Debtor(s)

Case No. _____

Chapter **7**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Providence Hospital of North Houston LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [Check if applicable]

Date

8/21/20



Ronald J. Sommers 18842500

Signature of Attorney or Litigant

Counsel for **Providence Hospital of North Houston LLC**

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